FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Allegany Village or City Cumberlar	nd. Md WITHIN CC	Registration Dist. No. No. 440 Goethe. St St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d		ds. How long In U.S. if of foreign birtb?yrsmosds.
2. FULL NAME Albert. I		
(a) Residence: No. 440 · Goe	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 16.1931 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CACCES 6. DATE OF BIRTH (month, day, and year)	Nov14.1850	22. HEREBY CERTIFY. That I attended deceased from 1930, to heavy 16, 1931 I last saw him alive on Loc. 30, 1980; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
80 6	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	At Home	alerio oblitam 12/1/30
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Md	Other Contributory Causes of Importance:
13. NAME William . Be	all	
H 13. NAME William . Be 14. BIRTHPLACE (city or town)	Md	Name of operation Morre Date of What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME Nina.Da	vidson	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Nina. De 16. BIRTHPLACE (city or town)	Md	Accident, suicide, or homicide? Date of Injury 200, 19— Where dld injury occur?
17.INFORMANT Robert Be (Address) Cumberlar		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	May.18.1931	Manner of injury
19. UNDERTAKER John.C. W	olford	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed) address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample L		Example II	- 31
The principal cause of deat of importance were as followarteriosclerosis	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	umppa	1921		1 week ago
Cerebral hemorrhage	BURBAU V. 8	July 5,1927	Peritonitis	3 days ago
. Accompany	The second secon			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I	Marcel on	Example II	
The principal cause of death and related cause of importance were as follows:	Sco Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 9 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.	3. July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

m

PLACE OF DEATH	STATE OF MARYLAND
County Allegany	CERTIFICATE OF DEATH O
and the state of t	lorac
A .	Registration Dist. No.
Village or City Maconing	St.: Ward) (If death occurred in
	The stead of a hospital or institu- tion, give its NAME is- stead of atreet and
2 FULL NAME CY PALOS TY. 63	Sell such that stead of street and number.)
-1 Out IVEWALL AND	A hard and a second a second and a second an
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE	16 DATE OF DEATH
MM DA MILL TO OR DIVORCED	/way 13 , 1991
Male While (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 . HEREBY CERTIFY, That I attended the deceased from
dalta la 95 1866	131 to May 13th, 131.
(Month) (Day) (Year)	that I last saw h Mulive on May 14th, 1931,
7 AGE IFLESS than	and that death occurred on the date stated above, at 2. a. m.
l dayhrs.	The CAUSE OF DEATH * was as follows:
64 yrs. 6 mos. 20 ds. or min.?	- u
OCCUPATION	() Auto Bancel Lie
(a) Trade, profession or	Come levingues
particular kind of work	
(b) General nature of industry business, or establishment in	(Duning) () 9
which employed or (employer)	(Duration) vrs. mos. de.
9 BIRTHPLACE D	Contributory Secondary
(State or country) Manufamed	(Duration) yrs mos 3 ds.
10 NAME OF	M. Khadan and
FATHER GOMES O GOLIMAN	(Signed) M. D.
11 BIRTHPLACE	May 16 7 193 (Address) Millaux Ma
F OF FATHER	State the Disease Causing Death, or, in deaths from Vietnt Causes, state_(1) Means of Injury and (2) Whether
Z (State or country) Mary Land	Accidental, Suicidal or Homicidal.
of MOTHER TANALAN LA SIR	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER MAN A A A	At place of death yrs de. ds. In the State yrs ds.
(State or Country) /// Wykano	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1 - All Romand	Former or usual residence
(Informant) If Oslan Rolling	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) Zmacaning and	Kourse Hill emeter May 8. 1931.
- No E CA COn -	20 UN DERTAKER ADDRESS
15 Filed May 17 1921 Lo One 1 - yours	not a med
Registrar	M. Olchhorn Amaconing
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., william laborer, Laborercupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The materia -Coal minc, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic derefinospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature ldanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, " "Weakness, Chronic ," etc., when a definite disease Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles ;

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PLACE OF DEATH	STATE OF	MARYLAND
County Ollighuy	CERTIFICATI	E OF DEATH
	Registration	Dist. No.
Village or City Jouleville No.	St.: Ward	
OF THE NAME	Ragana	tion, give its NAME is stead of street and number.)
2FULL NAME	JUMAN)	number.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH MM 2 2	(Day) (Year)
6 DATE OF BIRTH (Mopth) (Day) (Year)	thet I last law M. Marie on M.	tended the deceased from 1921,
7 AGE If LESS than I dayhrs.	and that death occurred on the date state	d above, at 99 m.
yrsds. ormin.?	11	
(a) Trade, profession or particular kind of work	April arens a	mun
(b) General nature of industry		
business, or establishment in which employed or (employer)	(Durstion)	yrsds.
9 BIRTHPLACE (State or country) In unal sud	Contributory Secondary (Durstion)	
10 NAME OF FATHER ANY BELLIAM	(Signed) Marues	M. D.
OF FATHER (State or country) Country Country	*State the Discase Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
of Mother Butte Brown	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	Of Course secondary a secondary	e iteyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disesse contracted, if not at place of dea.h?	
antonnan Theo Roy Bellinan	Former or usual residence	***************************************
(Address) Hornismughed	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	20 UNDERTAKER	ADDRESS
Filed 7253 192 5 Vac Grant		
If more blanks are needed, address State Registre	r, 16 W. Saratoga St., Belto., Requesting V.	S. No. 1.

AR ALLEY

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the heart disease;

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B.-Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD BINDIN LY, WITH UNFADING INK---THIS IS A PERMA MARGIN RESERVED FOR WRITE PLA

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PLACE OF DEATH	STATE OF MARYLAND
County allegany	CERTIFICATE OF DEATH
Village or City Coldtown (No	Registration Dist. No. St.: Ward) (If death occurred in a hospital cr institu-
2FULL NAME Harriet !.	Black Mrs. tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH NAME (Month) (Day) (Year)
6 DATE OF BIRTH May 16, 1857 (Month) (Day) (Year)	that I last saw has alive on My 3 . 1997.
7 AGE 79 yrs. // mos. /4 ds. ormin	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Duration yes income da
9 BIRTHPLACE (State or country) West Va,	Contributory School of Contributory (Duration) yes mos 4 de
10 NAME OF FATHER abraham Leatherman	(Signed) WSPS danner M. D. M. D. M. D. W.
OF FATHER (State or country) 12 MAIDEN NAME O O O O O O O O O O O O O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Julia anne Fogle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or country).	of death yis mos ds. State yis mos ds.
(Informant) Hore Lattery.	if not at place of death? Former or usual residence.
(Address) Choltour mod.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Platowy m. 2. Centery May 5, 1931
15 Filed May 4 1921 Parrie a. Strawholt Registral	Walter Hausrote William Kify Ma
Registrat	Walter Hausrote Huday Rufey) rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ne A OA

(Approved by U. S. Census and American Public Health Association.)

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BUREAU

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	- MITS
	Registration Dist. No. 4
C- A CIWITHIN	W. C Per a Per
	death occurred in a hospital or institution, give its NAME instead of street and number)
where death occurredyrs,mos.	
Moon Bo	krer.
anle Ril.	Ste 6-2-Ward.
(Usual place of abode)	If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
a Junga	(Month) (Day) (Year)
	22. I HEREBY CERTIFY That I attended decaasad from
	may 12, 19 31, to may 12, 19 3/
7)	I last saw h. A. alive on May 121/19.31; death is said
nths Days If LESS than	to have occurred on the date stated above, at
lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
IER, pone.	Promoluse Fith
	I winger grand of the
L,	MANY 7/ minute
11. Total time (years)	4
spent in this	
- Real a - Oml	Other Contributory Causes of importance:
mo many ma	
Baland	
S JANEO	
- CV. Va.	Name of operation
400	What test confirmed diagnosis? Was there an autopsy?
nu tuby	23. If death was due to external causes (VIDL ENCE) fill in also tha following:
w. va.	Accident, suicide, or homicide?
· ·	Where did injury occur?
v Bohrer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
berland md	
- landina. 3	Manner of injury
Date / Ang. 121, 19 7	Nature of injury
Balado 10.	24. Was disease or injury in any way related to occupation of deceased?
Les of the season of the seaso	N so, specify
Y II C	(Signed) JANDELLUS A.M. D.
Registrar.	(Address) Queladaud Md
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
as where vousing are appeared, address didie tregistrar,	A411 11. Course Street, Dattimore, Acquesting U. S. 140. I.

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause, Under other contributory causes of importance, name other important diseases or injuries. Examples:

0	Example I	e de la constante de la consta	Example II	
A D.	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
5	Arteriosclerosis	1915	Attack of epilepsy	1 week ago
8	Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
6	Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
C				
The	Other contributory causes of importance:	1	Other contributory causes of importance:	
m	Gallstones	May 1,1923	Gastroenteritis	1 year
4				

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATE, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed etc., report specifically the occupations of persons Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Salcsman, (b) But in Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; L. stated unless important use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis;" etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis American Medical Association.) approved Recommendations on statement of cause of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature cough; Chronic Example: Measles (disease chopncumonia (secondary), affection etc. The contributory valvular heart need not be disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks dre needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.

(Year)

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis PORTAGO	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

Patient had not free under medical care until	1-1:	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		-
the stay four to the areas.	The day	I had not gan under medical	care	while
	you say	part is a degree,		

PHYSI-	PLACE OF DEATH County Allegeng HITHIN CONPORTER	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
CORD EXACTLY, riy classified ifficate.	Village or City Letters Port (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ING ENT d be stary y be propack of co	Male white (Write the word)	16 DATE OF DEATH May 17, 1931
A PERM.	6 DATE OF BIRTH Cful 29, 1860 Atonth) (Day) (Year)	17 I HEREBY CERTIFY, That I stended the deceased from May (0. 13) to May 17, 1931, that I las saw h Malive on May 17, 1951,
IS IS ed. A s so ti	7 AGE 29th day of liftess than I day hrs. or min.?	and that death occurred on the date stated above, at 4.25. f.m. The CAUSE OF DEATH * was as follows:
ESERVEL INKTHI ully supplication term	(a) Trade, profession or particular kind of work (b) General nature of industry	Okensy
GIN READING Careful In Filmportan	business, or establishment in Marken Come Complete Business, or establishment in Marken Come Come Complete Business, or establishment in Marken Come Come Come Come Come Come Come Come	Contributory Solution O yes O mos ds.
MARC TH UNF should b E OF DE	10 NAME OF FATHER FREDERICK Brinkman	(Signed) Paul (Address) Praduct 12
WI	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PLOILT, of informati	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or
WRITE CIANS sho	(Address) Wislemport Mil	19 PLACE OF BURIAL OR REMOVAL Plulos Cemetry The may 2019 3/ 20 UN DERTAKER ADDRESS
m (Filed May 20 1935 Registrar	W. W. Frederch Pulmont. W
ż	If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specimeaning in a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tion applies to each and every person, irrespective of whatever, write None. worked on may form part of the second statement For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerarospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); American Medical Association.) approved by telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Committee on Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	Te -	STATE OF MARYLAND—	CERTIFICATE OF DEATH
(III	state UPA	1. PLACE OF DEATH	IN COMPORATE LIMITS (3)
IN		County allegany MITH	IN CO. POPULATION Dist. No.
	should f OCC	Village or City Country Lybrid	NoSt.,Wai
	t S o	Langth of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long to U.S. if of foreign birth?
	Every CIANS ement	2. FULL NAME Track toch Broc	Muga
	KD. Ever	(a) Residence: No. 4477 / Jacque	St., Ward.
	N X X	(Usual place of abode)	If nonresident give city or town and State
	PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
NG	NEN	5a. If marriad, widowed, or divorcad HUSBAND of	22. 1 HEREBY CERTIFY, That I attanded decaased from
Ī	A C assifi	(or) WIFE of Margaret 4.	Jan. 16 1931 to may 6 193
BIND	EXE.	6. DATE OF BIRTH (month, day, and year)	last saw h am aliva on May 6 ,192/; death is sa
65	erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FO	IS A PE stated E properly certificate	60 3 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
0	IS I	8. Trada, profession, or particular kind of work done, as SPINNER,	mem in Coma
VE	THI Id by	9. Industry or business in which	Mary
	K-T hould may back	work was dona, as SILK MILL, Contractor	
RESER	IN IT IT	10. Date deceased last worked at this occupation (month and spant in this occupation ————————————————————————————————————	
R	NFADING I plied. AGE erms, so that instructions	Joed	Other Contributory Causes of importance:
Z	d. A	12. BIRTHPLACE (city or town) (State or country)	Chranis Briell Diene
MARGIN	NF.	E 13. NAME Frances H Browle war	- Organis Heat ween
MA	supl in te	14. BIRTHPLACE (city or town)	Nama of operation Data of Data of
_	2 7 E	(State of country)	What test confirmed diagnosis? Was there an autopsy?
P	Carefull TH in p	T 15. MAIDEN NAME Servadure Parklines	33. If doath was dua to axtarnal causes (VIOLENCE) fill In also the following:
	NLY, oe car ATH nport	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
	INLY, be car EATH import	Manage 1. G. Barrel	Where did injury occur?(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	ADDY	17. INFORMANT CARDEN AND CARDEN C	Specify whathat injuly occurred in INDUSTRY, in NOME, Of in PUBLIC PLACE.
	shou E OF	18. BURIAL, CREMATION, 85 REMOVAL	Manner of Injury
	SIT.	Placa Date 1931	Natura of injury
-	-WRITH mation s CAUSE TION is	19. UNDERTAKER L. Stein, Int.	24. Was disease or Injury In any way related to occupation of daceased? M.D.
No.	B.	(Address) Cumberland my	If so, spacify
N.	ż	20. FILED May 7, 1921. Hawly H. Weisa. Registrar.	(Signad) (Address) Curry and Tung mis
T			24xx N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	and the state of t	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			2

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5410
1. PLACE OF DEATH	<u> </u>
County ALLEGANY COL	RPORATE LIMITS Registration Dist. No.
	St., Ward
Langth of residance in city or town where death occurredyrs,mos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Stullborn Du	ralle h. + 0.
(a) Residence: No. MT. SAVAGE MD. (Usual place of abode)	St., Ward. Advage MQ -
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH MAY IS 1931 (Month), 193 (Year)
5a. If married, widowed, or divorced HUSBANO of	THE PROPERTY OF THE PROPERTY O
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) MAY. 18.1931	I last saw halive on
7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, at IQ: 53 mP. M.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	were as follows: Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hell Jone
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) CUMBERLAND , MD .	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) GUNDENLAND, MU. (State or country)	
TI 13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Oete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME DORLORES BURALL 16. BIRTHPLACE (city or town) MARYLAND (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) MARYT-A-MD)	Accident, suicide, or homicide? Oata of injury, 19
(Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MD.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Md.	Manner of Injury
Place 10, 19 VI	- Nature of injury
19. UNDERTAKER C. Wolford (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Way 18, 19 31. Havey H. Weis Registrar.	(Signed) I de Jadelle M. D. (Address) Met, Solvers Med
	241t N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example IE IVE	3	Example II	e const
The principal cause of death and related causes of importance were as follows: N 6 331	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	SI-	PLACE OF DEATH	STATE OF MARYLAND
(30)	HYSI. Exac	County alleghan	CERTIFICATE OF DEATH
M	9 d	d T	Registration Dist. No.
0	TL	Village or City Dauson (No.	St: Ward) (If death occurred in a hospital or institu-
ECORD	ated EXACTLY, I operly classified certificate.	2FULL NAME ENQ & Burn	tion, give its NAME is stead of street and number.)
	stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
N G C C C C C C C C C C C C C C C C C C	be st be pr ck of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (May /2, 1931) (Month) (Day) (Year)
2 8	ould may n bac	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
BIN	5 = 0	1100 25 , 1924	may 2 1931. to may 12, 1931.
R A	. ACE so that uctions	(Month) (Day) (Year)	that I last saw her alive on 1931,
FC IS	on no	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
ED	upplied terms ee Instr	6 yrs. 6 mos. / ds. or min.?	
RVE	supp n ter	(a) Trade, profession or	Entere Colitis.
SEI	>= 1	particular kind of work (b) General nature of industry	/5-
RE	refull In pla rtant.	business, or establishment in which employed or (employer)	(Duration) yrs, mos da.
GIN I	be car EATH I	9 BIRTHPLACE (State or country) West 19	Contributory Secondary Blussically (Duration) Oursell (Duration) Oursell (Duration) Oursell (Duration) Oursell (Duration)
AR	्र धव	10 NAME OF AND WIND AND AND AND AND AND AND AND AND AND A	(Signed) a. a. Schen M. D.
Z I	hou CF	11 BIRTHPLACE	May 12 13 1 (Address) Reyser Ma
TIM	ON SE	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	matle C/	of Mother Killian Lumb	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
Z	Infor etat ccu	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
	of of O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
F	sho ent	(Informant) Im H Byry	Former or usual residence
WR	SPO	(Address) High Rock M	Splace of Burial OR REMOVAL PATE OF BURIAL May 13, 1931
N o	CIAN State	15 Filed May 13 193 1 199 Aft of Registral	20 UNDERTAKER ADDRESS
Ø2 (If more b.anks are needed, addre. s tate Kegistra	r, 18 W. Saratoga St., Ballo., Lequesting V. S. Lo. 1.
		autid.	of Westing ort

V S No. 1

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal minc, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEASIE, Housemaid, etc. If the occupation has been clianged gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons-enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. first line will be sufficient, e.g., Farmer or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many (b) material Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.; Y resulting from childbirth or miscarriage as by Committee on Chronic etc. The contributory valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

COUNTY OF THE PLACE OF DEATH COUNTY OF THE PLACE OF THE P	(V: 3 -	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05412
County Willage or City Willage	stat UPA	1. PLACE OF DEATH	<u> </u>
Village or City, Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin where seath occurred. Ward. Langth of residence in city or topin ward. Ward. Langth of residence in city or topin ward. Ward. Langth of residence in city or topin ward. Ward. Langth of residence in city or topin ward. Ward. Langth of residence in city or topin ward. Ward. Langth of residence in city or topin ward. Ward. Langth of residence in city or topin ward. Ward. Langth of residence in city or topin ward. Ward. Langth of residence in city or topin ward. Ward. Langth of residence in		County Cellegany	Registration Dist. No.
Length of residence in city or town where death occurred. 2. FULL NAME. (a) Residence: No. (Usual place of about) DEFENSIONAL AND STATISTICAL PARTICULARS DEFENSIONAL AND STATISTICAL PARTICULARS S. SEX	N in o	Village or City MA Savage	
DYTOLOGY REAL STATES AND THE COLOR OF RACE SO SHIRLES MARRIED, WIDOWED, OR DIVORCED Complete word) So. II married, widowed, or diversed HUSEARD of Conference word of Conference wo			
DYTOLOGY REAL STATES AND THE COLOR OF RACE SO SHIRLES MARRIED, WIDOWED, OR DIVORCED Complete word) So. II married, widowed, or diversed HUSEARD of Conference word of Conference wo	AN!	Vie - things	Breen All
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OR DVOKED (with the word) OR DVOKED (with the word) OR DVOKED (with the word) (Month) (Day) (Year) (Year) 193/ (Address) 113st saw h. Lea. alive on	CO PH ict		MEDICAL CERTIFICATE OF DEATH
SA, If married, videwed, or diverced (cr) vite of (cr) vi			5 , 193/
THE PRINCIPAL CAUSE OF DEATH and related causes of importance was as follows: SAFE OF BIRTH (month, day, and years)	NG TEN fled	5a. If married, widowed, or divorced Man Cattering Pice	
HEAD AND AND AND AND AND AND AND AND AND A	DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	(or) WIFE of	1 10
A TAME Years Months Days If LESS than the date stated abova, at 1, 40 ft	A SX2	C DATE OF DIDTH (Park) by 1852	
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Solution of work done as SENNER SOLUTION SINGLE SOLUTION STATES BOOKKEEPER etc. SAVER BOOK	OR A atec		Il man as fallenes
Work was done, as SILK MILL, Work w	20	8. Trade profession or particular	Date of onset
Work was done, as SILK MILL, Work w	HIII Pe Pe of		Seuce Dery
Name of operation. Name o	VY uld uld ack	Work was done as SIIK MIII	arterio selerases civila
Name of operation. Name o	Sho sho		
Name of operation. Name o	ES o at at	this occupation (month and spent in this year)	
Name of operation Name of operation Data of	2 4 .2	12 PIRTURI ACE (city or town) (escape a land les	Dther Contributory Causes of importance:
Name of operation Name of operation Data of	ADJ d. d. s, se		
Name of operation Name of operation Data of	RC NF. NF. nst.	13. NAME Perry Rice	
What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy? Was there an autopsy? Is. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 19. In State or country) Was there an autopsy? 23. If death was due to external causas (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Date of injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) M. (Address) M. (Address)	T D H T	14. BIRTHPLACE (city or town)	Name of operation Data of
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OP REMOVAL Place Place 19. UNDERTAKER (Address) 20. FILED 20. FILED (State of country) Where did injury occurr? (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. If so, specify (Signed) (Signed) M. (Signed) M. (Address)	T 17 02	(date of country)	What test confirmed diagnosis? Was there an autopsy?
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Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OP REMOVAL Place Place 19. UNDERTAKER (Address) 20. FILED 20. FILED (State of country) Where did injury occurr? (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. If so, specify (Signed) (Signed) M. (Signed) M. (Address)	X, X, HH I	5 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
TI INFORMANT (Address) 18. BURIAL, CREMATION, OF REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 17. INFORMANT (Address) Manner of Injury Nature of injury 19. UNDERTAKER (Address) 18. Specify (Signed) (Signed) (Address) Manner of Injury Nature of injury (Signed) (Signed) M. (Address)	NE Pe	(State or country)	(Specify city or town, county and State)
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20. FILED 5/8, 193/ Next Brattly have (Signed) (Signed) M. Registrar. (Address) Multiple Manual Manual M.	E S E S		
20. FILED 5/8, 193/ Next Brattly have (Signed) (Signed) M. Registrar. (Address) Multiple Manual Manual M.	VRI LUS ON	Awata	
20. FILED 5/8 , 193/ N. J. Bratilly M. (Signed) (Address) M. M. (Address) May Carry W. (Address)	C. T.		
20. FILED. 1901	Z	5/8 3/ AL BATILLAND.	(1:1. year one
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	(2/3)		12.11 110 0000 1001
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

should be called a salesman and not a clerk,

9.-The industry or business in which the work was done. 8.-The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

Gallstones	S26I, I linM	Gastroenteritis		1 year
Compression causes of importance:		Other contributory ca	ses of importance:	
			RECEIVED	
Cerebral hemorrhage	7201,8 ydul	Peritoniris	μω: Ο 1921	3 quits ado
Chronic interstitial nephrilis	1261	Run over by street car	JUN 2 1931	opp Hoow I,
The principal cause of death and related causes of importance were as follows:	faceno to also	The principal cause of importance were as	BUREAU V B	opp of som I
Example 1			Example II	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of mior-

	5	STATE O	F MARYLAND-	CERTIFICATE OF DEATH 05413
1.	PLACE OF DE	ATH		110A118 (42-a)
	CountyAlle	gany	WITHIN GORPOR	ATE LINIT Registration Dist. No.
	Village or CityC	umberlan	(If death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in	city or town where de	eath occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2.	FULL NAME	Abra	am Chisholm	000
	(a) Residence: No.	Ellersl	ie Maryland-R. (Usualplace of abode)	
	PERSONAL A	ND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S		hite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH May 4, 1931 (Month) (Day) (Year)
5a.	If married, widowed, or di HUSBAND of (or) WIFE of	Ocea Ces	ssna	22. I HEREBY CERTIFY, That I attended decaased from Copul 2, 1931, to 2, 1921
6 0	OATE OF BIRTH (month,	AT (reav bna veh	ugust 9-/879	I last saw han alive on 2 4 1931; death is said
7. A		Months	Days If LESS than	to have occurred on the dete stated above, at 9:40 Am.
	51	8	25 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
2	8. Trade, profession, or kind of work don	particular NA	inon	2/
NO L	SAWIER, DUDKK	EEFER, etc.		cubytin R. Lung 420
CUPA	9. Industry or business work was done, e	SILK MILL, Wa	dell Mines	with Annelted
DCC	SAW MILL, BANK 10. Date deceased last v this occupation (n year)	vorked at nonth and	11. Totaf time (years) spent in this occupation	Parama R. Bas
		Monv		Other Contributory Causes of importance:
12.	BIRTHPLACE (city or tow (State or country)	n)		R dinas Mand
ER	13. NAME	Jesse C	hisholm	Shirt ~ 2 /21
ATH	14. BIRTHPLACE (city or			Name of operation
FA	(State or country		vj.+I.mh+m	What test confirmed diagnosis? Was there en autopsy?
ER	15. MAIDEN NAME	Juli	a Keifer	23, If death was due to external causes (VIDLENCE) fill In also the following:
OTH	16. BIRTHPLACE (city or	town) Mary	land	Accident, suicide, or homicide? Date of injury, 19
Σ	(State or country			Where did injury occur?
17.	INFORMANT	EMORIAL D		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, fn HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OF		744	Manner of injury
1	Place M. J.	unger o	_ Date May 7 _ , 19 3]	Nature of Injury
19.	UNDERTAKER (Address)	I De	How med	24. Was disease or injury In any way related to occupation of deceasod?
2D.	FILE May 5	1931. Na	weyt. Wes	(Signed) Collan J. Mun. M. (Address) Author Level
	0	If more b	lanks are needed, address State Registrat	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

2	xample I		Example II	1.0
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 6 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
		- , -		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH County Alegany Village or City Ambuland WITHIN CO	Registration Dist. No. No. Allegany House its MAME instead of street and number) ds. How rong in U. S. Af of foreign birth? yrs. mos. ds.
(a) Residence: No. 15 (Usual place of abode)	St., 6 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Ferral 4. COLOR OR RACE OR DIVORCED (write the word) 58. If married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (Month) (Day) 1933 (Yoar) 22. I HEREBY CERTIFY, That I ettended deceased from
7. AGE Years Months Deys If LESS than 1 day,hrs. ormln.	JI last saw h alive on ,19 ; death is seid to have occurred on the dete steted above, et 7:20 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance;
(State or country) 13. NAME Haward Limin 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Kathrun Clay	23. If death was due to external causes (VIOLENCE) fill in also the following;

(State or country)

NOL

OCCUPA

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER

(Address)

Manner of injury Nature of injury

24. Was disease or injury In eny way related to occupation of deceased?

If so, specify (Signed)

(Address) ___

Where did injury occur?_____

Accident, suicide, or homicide?______ Date of injury______ 19

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

V. S. No. 1

M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I'		Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Self Control of the C	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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STATE OF MARYLAND CERTIFICATE OF DEATH ed EXACTLY, Perly classified. Registration Dist. No. Village or CityWard) (If death occurred in a hospital or institution, give ite NAME instend of street and ²FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 00 prof 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. be WIDOWED. OR DIVORCEO Month)may n bac (Write the word) 17 I HEREBY CERTIF . That I attended the deceased from 6 DATE OF BIRTH hat that I last saw he alivo on (Month) (Day) and that death occured on the date stated above, If LESS than 7 AGE I day hrs. The CAUSE OF DEATH terms ds. or / 5 min.? yrs. mos. 8 OCCUPATION (a) Trade, profession or particular kind of work plati (b) General nature of industry business, or establishment in (Duration)yrs.....yrs..... importa 1 which employed or (employer) Contributory 9 BIRTHPLACE Secondary EAT (State or country) (Duration) 0 10 NAME OF 0 11 BIRTHPLACE 123 OF FATHER ENT the Discase Causing Death, or, in SZ Violent Caus s, state (1) Means of Injury and (2) whether CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIOEN NAME Œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER state ccup/ ients or Recent Residents) 13 BIRTHPLACE At place of death. In the OF MOTHER State.....yrs.....mos..... 30 (State or country) Where was disease contracted, Inous of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Every item CIANS sho Former or usual residence. (Informant) DATE OF BURIA BURIAL OR REMOVAL (Address If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

0 SERV œ MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the occupations of persons engaged in domestic service for wages, as Servant, ('ank, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary Freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of oc-Foreman, (b) For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day Automobile factory. The material -Coal mine, etc. Womnot gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopmeumonia ("Pneumonia,")

Mkecommendations on statement of cause of death American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, teludus) may be stated under the head of "contributory. curbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., xepses, can be ascertained as the cause. Whooping cough; Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Nomenclature Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease Always qualify all

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate permanently filed.

BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example EVED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V. E.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	05417 STATE OF MARYLAND		
County allegary.	CERTIFICATE OF DEATH		
	Registration Dist. No.		
Village or City Echbart (No.			
C C	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and		
2FULL NAME James Ca	mond conver stead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED, WIDOWED,	16 DATE OF DEATH May 24 1021		
Male (Write the word)	(Monch) (Day) (Year)		
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from		
(Month) (Day) (Yea	that I last saw handlive on May 23, 193/,		
(Month) (Day) (Yea	530		
/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nrs. The CAUSE OF DEATH * was as follows:		
yrs. mos. ds. or m	m.,		
(a) Trade, profession or particular kind of work			
(b) General nature of industry business, or establishment in			
Which employed or (employer)	Contributory Pluria, mos. ds.		
9 BIRTHPLACE (State or country) many and	Secondary 7		
10 NAME OF FATHER Lower Common	(Signed) Ci P. Nochu M. D.		
11 EIRTHPLACE	May 24 192) (Address) Firstly had		
OF FATHER CIF FATHER (State or country) 10 TO THE INTERPOLATION OF THE INTERPOLATION	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
of 12 MAIDEN NAME CF MOTHER Carl Loar	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
13 BIRTHPLACE CF MOTHER Mayland	At place In the of death yrs mos ds. State yrs ds.		
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?		
Louis Cours	Former or usual residence		
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address)	20 INDERTAKER ADDRESS.		
Filed 20 192 an M.O.M. am & Registrar	20 UNDERTAKER Junst Firstling had		
If more banks are needed, address Stata Registrar, 16 W. Stratega St., Balto., Requesting V. S. No. 1.			

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every business, that fact may be indicated thus; Farmer (ce or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmon, without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile foctory. The material Stationary fireman, etc. But in many (o) the kind of work and also (b) the person, irrespective of duties of the 6 Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospina Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles ;

answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all qu stions

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 doys ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

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0.1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		0.0)	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Address

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 05	421
1. PLACE OF DEATH			
County ALLEGANY WI	THIN CORPORATE L	Registration Dist, No.	
Village or City_CUMBERIAND	MD. MENCHTA	L HMOSPITAL ST	6-/ Ward
	(1:	f death occurred in a hospital or institution, give its NAME instead of street and	d number)
Length of residence in city or town where deat	h occurredyrsmos	sds. How long in U.S. if of foreign birth?yrs,	mosds.
2. FULL NAME IN far	it Deffe	abaugh.	1. 0
(a) Residence: No.	(Usual place of abode) Mod	If nonresident give city or town of	e, me
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	id State
1	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
MALE WHITE	OR DIVORCED (write the word)	MAY, 23, 1931 (Month) (Day)	. 193
5a. If married, widowed, or divorced HUSBAND of	1	(month) (Day)	(Year)
(or) WIFE of	U	22. HEREBY CERTIFY, That I attende	d deceased from
A D. 1911 OF D. 1911		197/ to may 23	192./
6. DATI: OF BIRTH (month, day, and year) 7. AGE Years Months 41.	AY Days 1 If YESS than	to have occurred on the date stated above at II; 30 m. · M ·	4-; death is said
1 hour - 45 minus	lea. I day, I hrs. or 45 min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
2 Trade profession or posticular	lorgs_min.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		. July control of the	
9. Industry or business in which work was done, as SILK MILL,			
SAW MILL, BANK, etc	I1. Total time (years)		
this occupation (month and	spent in this		
CUMBERL	AND, MD.	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) MEMORIA	L HOSPITAL		
I IS. NAME ROY DEFFINE	AUGH		
I4. BIRTHPLACE (city or town)		Name of operation Date of	
(State or country) MARY	JAND	What test confirmed diagnosis? Was there an	
15. MAIDEN NAME	AT MID WOLLD	23. If death was due to external causes (VIOL ENCE) fill in also the following	
DORA HIMM	LLVK EGHT	Accident, suicide, or homicide? Date of injury	-
(State or country)	LLIAND	Where did injury occur?	
17. INFORMANT MUMORITAL, HOSPIL	PAT	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	LACE.
(Address) CUMBERLAND	MD.		
Place Nemorial Hospi	may 23,31	Manner of injury	
1000 7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	ole 1	Nature of injury	

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

M Every item of infor	(YSICIANS should statement of OCC		CORPORATE LIMITS Registration Dist. No. No. Memorial Hospital St. 6 Ward (death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds	
	P.H.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
9	L Y. PH	3. SEX Female White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH May 25, (Day) (Year)	
BINDING	A C T ssifted	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Roy Deffinbaugh,	1 HEREBY CERTIFY, That I attended deceased from	
FOR BINI IS A PERM stated EX properly cla		6. DATE OF BIRTH (month, day, and year) April 19, 1902 7. AGE Years Months Days If LESS than 1 day,hrs ormin.	to have recurred on the date stated above, at	
SERVED NK_THIS should be it may be on back of	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. HOLLS CWITC. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) occupation.	Sortestinal obstruction In		
7	so t	12. BIRTHPLACE (city or town) (State or country) Maryland	Other Contributory Count of importance: Eldersian Russelling	
RG	plie rms nsti	Samuel Himmelwright,	1 - /9	
MARGIN FRANK	sur in t	13. NAME Samuel Himmelwright, 14. BIRTHPLACE (city or town) (State or country) Maryland,	Name of operation full start and autopsylls. What test confirmed diagnosis and autopsylls.	
	efull in pl	15. MAIDEN NAME Katie Sourbrine, 16. BIRTHPLACE (city or town)	23. If death was dua to axternal causes (VIOLENCE) fill in also tha following:	
0	hould be carefully OF DEATH in pla	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
DI AT	should OF DE	17. INFORMANT Memorial Hospital, (Address) Cumberland, Nd.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
		18. BURIAL, CREMATION, OR REMOVAL Pa. May 27, 19:3/	Manner of Injury	
o. 1 WRIT	mation s CAUSE TION is	19. UNDERTAKER Ja Jahrens Jahr	24. Was disease or injury In any way related to occupation of deceased?	
N N	S	20, FILED May 25, 1931, Harvey Kuce. Registrar.	(Signad) (Address/4) Filery V Cumbelly A	
		If more blanks are nedical, address State Registra Dr • Moler	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death a of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	141 - 1001	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	REAL TE	July 5,1927	Peritonitis	3 days ago
	υ-۵6- R	2.0		
Other contributory causes of i	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	PLACE OF DEATH
•	County Ollegany
Vil	age or City Mulfaud (No.
	2FULL NAME Cognes Phoros
Approximation of the	PERSONAL AND STATISTICAL PARTICULARS
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 0	Morch 10, 1880 (Month) (Day) (Year)
7 A	GE 5/ yrs. / mos. 2/ ds. or min.
(l b	Trade, profession or articular kind of work O) General nature of industry usiness, or establishment in which employed or (employer)
9 8	(State or country) Maryland
	10 NAME OF Patrick 7 O Keil
STN	OF FATHER (State or country)
PARE	OF MOTHER Photos Sabel
	13 BIRTHPLACE OF MOTHER (State or Country) Pelauf
14	(Informant) The BEST OF MY KNOWLEDGE
_	(Address) Magallia, ma
15	Filed May 4ct 1921 Haleen

05422

(46)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

	Regis	Registration Dist. No.				
agau.	St.:	Ward)	(If death a hospital tion, give i stead of number.)	occurred in or institu- ts NAME in- street and		
MEDICAL	CERTIF	CATE O	F DEATH			
S DATE OF DEATH	lay o	L		193/		
***************************************	(Mo	nth)	(Day)	(Year)		
17 I HEREBY C	ERTIFY, T	hat I atte	nded the de			
that I last saw h.M.	alive on	may	2 nd	1931,		
and that death occurred The CAUSE OF DEATH CONCURRENCE	* was as fo	to stated	above, at	·30/, m.		
Contributory	(Duret	ion)	_yıs. 3	nos./ds.		
Secondary (Signed) M. M. May 2 13	-0		-	M. D.		
*Stato the Diser Violent Causes, state Accidental, Suicidal or	ase Causing (1) Mean Homicidal.	Death,	or, In deaury and (2	aths from) Whether		
ients or Recent Resid		r Hospit	ale, Institut	ions, Trans-		
At place of deathyrsmos	ds.	In the State	yrs	mosds,		
Where was disease contractif not at place of death?.	ted,					
Former or usual residence						
Bolorder			0.	BURIAL		
20 UNDERTAKER	1	1	ADDRESS			

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease eausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	05423
PLACE OF DEATH	STATE OF MARYLAND
County Clared	CERTIFICATE OF DEATH
1. t	Registration Dist. No.
Village or City Front June (No. 38 Cen	Vard) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
2FULL NAME SAYY JAMES C	and the state of t
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mill Communication of the control of	Month) (Day) (Year)
6 DATE OF BIRTH April 15, 193/	17 1 HEREBY CERTIFY, That I attended the deceased from April 1921, to May 24, 1921 that I last saw harmalive on May 24, 1921
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 9:04 m.
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	Contributory Connuctions yie mos 3 de
9 BIRTHPLACE (State or country) Firsthung 1 10 NAME OF	Secondary (Durstion) yts mos de
I FIRTHPLACE	(Signed) M. D. M.
CF FATHER (State or country) & Co. Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
CIF MOTHER Many Jane Oden 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
(State or Country) for strongery Com	At place of deathyrsmosds. In the Stateyrsds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Informant) Carry Mary Man	Timel Cem May 26 193/
Filed 5 25 1821 AMOM Land Registrar	La Court Troubing
If more branks are needed, address State Registrar	, 16 W Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housetired 6 yrs). gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) For persons who have no occupation Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the Disperse Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

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answered in detail, it will prevent further correspondence.

Papproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase "Exhaustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) affection need cough; Chronic etc. The contributory valvular heart Always qualify all not be

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Oate of onset

Date of ... 5

... Was there an autopsy?]

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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E	ample I		Example II	
The principal cause of deal of importance were as follows:	ws:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 8 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUNEST T	1921	Run over by street car	1 week ago
Cerebral hemorrhage	2. W. H. L. L. V.	July 5, 1927	Peritonitis	3 days ago
		2.3.2.1		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
_				

V. S. No.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis 114 B	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones .	May 1,1923	Gostroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

sts UP	1. PLACE OF DEATH	(§)
ould sta	County allega new	THIN CORPORATE LIMRESIstration Dist. No.
ē	Village or City who berland	No. 5 Cumberland St. / Ward
9		death occurred in a hospital or institution, give its NAME instead of street and number)
NS int	l.ength of residence in city or town where death occurredyrs,mos	ds. How long in U. S. if of foreign birth?yrsmosds
PHYSICIANS ict statement	2. FULL NAME Stillborn T	0 4.
SIC	(a) Residence: No. 5 Cumberland	St., / Ward.
HY t s	(Usual place of abode)	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
Tied	5a. If married, widowed, or divorced	(1001)
X A C T I	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
	No. 10 1021	
stated E properly certificate	6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	I last saw h; death is said
stated properl certifica	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, et
sta pro ert	orinin.	were as follows:
of pe	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0 +:00 form)
	9. Industry or business in which	(2 mas)
should it may n back	work wes done, as SILK MILL, SAW MILL, BANK, etc	
2	10. Oate deceased last worked at this occupation (month end year) spent in this occupation	
oplied. AGE erms, so that instructions of	year) occupation	Other Contributory Causes of importance:
so	12, BIRTHPLACE (city or town) (Stete or country)	
supplied n terms, ee instru		
ppl teri in	H 13. NAME alroy S. Flox	
	14. BIRTHPLACE (city or town)	Name of operation Oete of
pla		What test confirmed diagnosis? Was there en au!opsy?
should be carefully su OF DEATH in plain very important. See	15. MAIDEN NAME PLICE M. MRE Evoy	23. If death was due to external causes (VIOLENCE) fill in also the following:
can l'H	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
be EA	Colore of Coloriny)	Where did injury occur?(Specify city or town, county and State)
ld D	17. INFCRMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Address) 18. BUR AL, CREMATION, OR REMOVAL	Manage of lating
E Si	Place Cremated Date May 19,1931.	Manner of Injury
mation s CAUSE TION is	(Dans As)	Nature of injury
CA	19. UNDERTAKER CAddress)	24. Was disease or injury in any way related to occupation of deceased?
	M 19 31 3/1 10 HIT.	(Signed) (Signed)
	20. FILED 1. 19. D. L. Hawly N. Weistray.	(Signed) Curterland Mid,
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	,	-7 Common of Administration of the Art of Art o

STATE OF MARYLAND—CERTIFICATE OF DEATH

05427

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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E	CEIVE CEIVE		Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronie interstitial nephritis Cerebral hemorrhage	BUREAU V.	1921 July 5,1927	Run over by street ear	1 week ago 3 days ago
Other contributory causes Gallstones	of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

	PLACE OF DEATH	05426
	PLACE OF DEATH	STATE OF MARYLAND
	County ellegan	CERTIFICATE OF DEATH
	THE LIMITS	Registration Dist. No.
	Village or City I as There (No. Mine.	Wash the way (If death occurred in
916	M	St.: Ward) a hospital or institution, give its NAME in stead of street and
He	2FULL NAME / al of and	number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH
back	That the Write the word or of	(Month) (Day) (Year)
מ	6 DATE OF BIRTH	I HEREBY CERTIFY, That 1 attended the deceased from
8	Oct 8 852	Jan / 130 . to May 5 , 182/
ction	(Month) (Day) (Year)	that I last saw hell alive on Marg 3 , 192/
net	7 AGE [If LESS than	and that death occurred on the date stated above, atm,
str	75 yrs. 6 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
<u>u</u>	B OCCUPATION	White Said Int
Sec	(a) Trade, profession or particular kind of work	Chone mylandelis
ند	(b) General nature of industry	pyperentin
ta	business, or establishment in which employed or (employer)	(Duration) de
lodi	9 BIRTHPLACE	Contributory Secondary
Ξ	(State or country)	(Duration)nosds
ery	10 NAME OF FATHER	(Signed) M. D.
8	11 BIRTHPLACE	may 7 198/ (Address) To thing Sma
2	OF FATHER (State or country) Olivery	*State the Disease Causing Death, or, in death's from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A	of Mother Marke Sales	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
5	13 BIRTHPLACE	ients or Recent Residents) At place
Š	OF MOTHER (State or country)	of deathyrsmosds. Stateds.
10	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
3U£	(Informant) Man Robert Shar	Former or usual residence 30 Clark ST
me	117 3	19 PLACE DE BURIAL OR REMOVAL DATE OF BURIAL
stat	(Address) All Market Mills	allegan (less, Hay), 195/
w	Filed Filed Registrar	20 UNDERTAKER ADDRESS MILLSTANG
=		Tow. Stratoga St., Balto., Requesting V. S. No. 1.
- 1		, , ,

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons-en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material person, irrespective of (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important use of "Tumor" for malignant neoplasms); causing death), 29 ds.; L. unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion, (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death cough; 'Congenital,' "Senile," etc.), "Dropsy,
" "Heart failure," "Haemorrhage, Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need not be valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	N .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	•	A-1-2]
	Other contributory causes of importance:	- 0 I
May 1,1923	Gastroenteritis	1 year
	, 1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

9.-The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

II.—The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc.

насhinist, etc. Distinguish carefully between retail merchants and wholesale merchants. А person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the should be called a salesman and not a clerk,

Gallstones	S261,1 yold	Gastroenteritis		I year
Contributory causes of importance:		Other contributory cause	es of importance:	
			ECEIVED	
Cerebral hemorrhoge	7261,8 ylul	Peritonitis		obn shop g
Chronic interstitial nephritis	1961	Run over by street car	HIN 2 1931	000 थुरुक्त I
Arlerioselerosis	9161	Allack of epilepsy		I meek ogo
The principal cause of death and related causes of importance were as follows:	teano to esta	The principal cause of c	death and related causes	Jace of onset
Example I	Market and American Application of the Control of t	H	example II	

	05431
PLACE OF DEATH WITHIN SORPORATE LIMITS OF	STATE OF MARYLAND
County allegary	CERTIFICATE OF DEATH
70 00	Registration Dist. No.
Village or City Westburg (No. 34	malala
Vinage or City (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Clune / For	en Jumet stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH MG 1 27
Turele Hile OR DIVORCED (Write the word)	(Month) (Bay) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Gral 1851	may 1 1921/. 10 2 ay 56 , 192/,
Month) (Day) (Year)	that I last saw h Malive on May 10 192,
7 AGE	and that death occurred on the date stated above, at
yrs. / mos. 27 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION .	Cerebral hemortage
(a) Trade, profession or particular kind of work	
(b) General nature of industry usiness, or establishment in	2
which employed or (employer)	(Duration) yrs, mos. ds.
9 BIRTHPLACE (State or country) Thank	Contributory Secondary
TIO NAME OF WILL A	(Duration) yrsmosde.
FATHER Muleau Down	(Signed) Trostling had.
OF FATHER	192. (Address)
Z (State or country)	*State the Discase Causing Death, or, in teaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER ELIZA TOWARD	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs. Millow St. Kace	Former or usual residence
7 11 2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Twitting Ind	allegany Cemetery 1927 May 30, 1931
15 Filed /29 13/ LTWO M Vane Dr	20 UN TOURTAKER ADDRESS
/ Registrai	acol Hater troothing my
If more banks are needed, addre a Ltate Registra	r, 16/W. Saratoga St., Balton Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screent, Coo. to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physiciun, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been change the first line will be sufficient, e. g., Farmer or Planter, ," etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on 3178). Farm laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Salesmon, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Ccrebrospinal fewer* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fewer* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, ingcs, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcasles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease Nomenclature of the

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RECEIVED

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

V. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-9 Grocery;

ed term for the same disease. Examples: Cerebrospina, spinal meningitis"); Diphtheria (avoid use of "Croup"); EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the Dis Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid Pneumonia fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-("Pneumonia,

> as fracture of skull, and consequences (e. g., sepsis, papproved by Committee on 'tetanus') may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuky State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronicaffection need etc. The contributory valvular heart Nomenclature Always qualify all disease; not be

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1931

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I		Example II	
The principal cause of de of importance were as follows	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 8 1931	1915	Attock of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street ear	1 week ogo
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
	to applicate the specific and a second			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 yeor
			0.	

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	xample 1	O	Example II		
The principal cause of dea of importance were as foll	th and related causes bws: JUN & 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	BUREAU V.	3.1921	Run over by street car	1 week ago	
Cerebral hemorrhage	The state of the s	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	L PLACE OF DE	ATH			CERTIFICATE OF DEATH 05	435	
	County Allegany Village or City Cumberland WITHIN CORPOR (II				ATE LIMITS Registration Dist. No.		
	Village or City	Cumberla	ind WITH	IN CORPOR	No. Memorial Hospital St., 6 f death occurred in a horpital or institution, give its NAME instead of street and n	Ward	
	Length of residence in	0., 0. 10111 111010	death occurred ne Judy	yrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.		
	(a) Residence: No.	740 Gre	en Stree	t f abode)	St., Ward. If nonresident give city or town and State		
_	PERSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
	Female	White		(write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)	
5a.	If married, widowed, or d HUSBAND of (or) WIFE of	vorced			1 HEREBY CERTIFY Thet I attended of	eceesed from	
	DATE OF BIRTH (month, day, and year) AGE Yeers Months Days		- 11-	1930	to have occurred on the date stated above, at 6: 1.2 RM.	death is said	
	NOL 16613	5	Days 28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data di sant	
NO	8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				Brouchs- Truemania	Date of onset	
OPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.						
Š	10. Date deceased last v this occupetion (r yeer)	nonth and	11, Total tin spant occup	ne (years) t in this pation			
12.	BIRTHPLACE (city or tow (State or country)	m) Mary	land		Other Contributory Causes of importance:		
HER	13. NAME Jesse H. Judy				V		
FATHER	14. BIRTHPLACE (city or (State or country	101111/	yland		Name of operation Date of		
HER	15. MAIDEN NAME	MAIDEN NAME Sadie Hott			What test confirmed diagnosis? — Was there an au 23. If death was due to external causes (VIOLENCE) fill in elso the following:	:opsy?	
MOTH	16. BIRTHPLACE (city or town). West Virginia (State or country)				Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19	
17. INFORMANT MEMORIAL HOSPITAL (Address) Cumberland, Maryland					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATION OR REMOVAL Place VILLE Com. Date May 11, 1931. UNDERTAKER Address) UNDERTAKER ADDRESS MANGELER MAY 11, 1931.				Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?		
19.							
20,	FILE May 11	,193/1740	wey)	L. Weis Registrar.	(Signed) Aubliases (Address) 243 Va. auk. Cumples la	m. D	
DE	//	If more	blanks ate pecded, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Gallstones	May 1,1923	Gastroenteritis	1 year

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90	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
V		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

			05437
M	TYSI-	PLACE OF DEATH	STATE OF MARYLAND
	-	County Allamy	CERTIFICATE OF DEATH
	Y, P		Registration Dist. No.
9	XACTLY, ciassifle ate.	Village or City June (No	St.: Ward) (If death occurred in
CORD	# >t	2FULL NAME George TOS	a hospital or institu- tion, give its NAME in- stead of street and number.)
-		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
C	0.0	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH
Z		Make Mila OR DIVORCED (Write the word)	(Month) Mary (Day) 9 (Year) 3
BIND	385	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
BI	sh t it	October 3, 1897	192 . to , 192 ,
A A	ACE so that uction	(Month) (Day) (Year)	that I last saw halive on, 192,
FC IS		7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
/ED THIS	ms anstrustr	33 yrs. 7 mos. 6 ds. or min.?	Head crubed by fall of
~	see l	a) OCCUPATION (a) Trade, profession or	coal in coal solme
SEF	7.07	particular kind of work	
	eful In pl	business, or establishment in which employed or (employer)	(Duretion) ,yrs mosde.
MARGIN RE	SATH I	9 BIRTHPLACE (State or country)	Contributory Secondary
NE	F DE	10 NAME OF	(Duretion)
E D	Pour S ve	FATHER Matthew Tuddy	(Signed) M. D. M. D. (Address) Lowery M. D.
ITI	S Z	CIF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
6.	CAU	TIZ MAIDEN NAME	
7	orm ate UPA	C)F MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
	ata CCL	OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
P	of o	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
TE	shor	and day of the	Former or usual residence.
WRI	S s	(Ir formant) I May wall	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
>	Every it CIANS stateme	(Address) / Maching/fila.	moscow Cernetica Pray 11, 1931
Z.o.	1 O 0	15 File May 9 18 I, Doc Te planer,	20-UNDERTAKER, ADDRESS
OF)		Registrar	Ade. Orchern Janaconing M.
91/	~	/ If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting W.S. to. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery,

Lobar pneumonia, Bronchopneumonia spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-("Pneumonia

obtained hefore the certificate is

answered in detailed with Borent further corr data is essential and watst be obtained helpermanenty fied. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. use of "Tumor" for malignant neoplasms); Measles; and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) American Medical Association. Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. affection need valvular heart disease; thoroughly and all questions Nomenclature The contributory not be

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Cerebral hemorrhage	error	July 5, 1927	Peritonitis ·	3 days ago	
Other contributory cause	es of importance:		Other contributory causes of importance:		
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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BINDING

FOR

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MARGIN

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(iallstones	ESEI, I YDM	Other contributory ca	uses of importance:	I year
			WELLINED,	100
Cerebral hemorrhage	7201,8 ylul	Peritionitis	11:41 5 1001	obe shop g
Chronic interstitial nephritis	1261	Run over by street car	494 5 1931	obv spom I
Arlerioselerosis	9161	A tlack of epilepsy	BUREAU V.B.	obv yəəm I
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a		teano to etsO-
Exsuible I			Example II	

V. S. No. 1

		SIAIL	DE MINK	ILAND	CERTIFICATE OF DEATH	441
1	. PLACE OF DI				ORATE LIMITS (Fa) Registration Dist. No. 4 No. Fort Hill St., 6	
		legany		WIN CORP	ORALL Registration Dist. No.	
	Village or City_Q	umberlan	d. Md M	Hills	No. Fort Hill St., of death occurred in a hospital or institution, give its NAME instead of street and i	Ward
	Length of residence	in city or town where	death occurred		s ds. How long in U. S. if of foreign birth?yrsm	
2	. FULL NAME.	Howard	.R.Lit.t.	10		
		o. Fort Hi			St. 6-1 Ward.	
			(Usual place		If nonresident give city or town and	State
		AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. 3	Male 4. co	White		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH May 5th 1931 (Month) (Day)	, 193(Yeer)
5a.	If married, widowed, or HUSBAND of				22. I HEREBY CERTIFY That I attended	dooneed from
	(or) WIFE of	Single			Chril 29 31 10 Mily 0	193/
6. I	DATE OF BIRTH (month	. dav. and vear)	Feb. 18	.1926	I last saw h ma alive on Many of 1, 193	; death is said
7. /	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
	5	2	17	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	8. Trade, profession, o	one, as SPINNER.	School-	bore	20	610
5	SAWYER, BOOK 9. industry or busine	KEEPER, etc.	0011001	*	Influenza.	april
2	work was done, SAW MILL, BAI	as SILK MILL, NK, etc		U	the plan preumun	195
9	10. Oate deceased last this occupation year)	worked at (month and	spe	ime (years) nt in this upation	V	1.07
	DIDITION AND AND AND AND AND AND AND AND AND AN		M	đ	Other Contributory Causes of importance:	
12.	(State or country)		*********	************		
ER	13. NAME Her	rman.Litt	le			
FATHER	14. BIRTHPLACE (city	or town)	Md		Name of operation Date of	
!	(State or count	ry)	711 AA17		What test confirmed diegnosis? Was there an a	autopsy?
HER	15. MAIDEN NAME	mary P	OTTOCK		23. If death was due to external causes (VIOL ENCE) fill in also the following	;:
MOTHER	16. BIRTHPLACE (city		M	d	Accident, suicide, or homicide?Oate of injury	, 19
2	(Stete or count				Where did injury occur? (Specify city or town, county and State	e)
17.	(Address)	erman.Lit Cumber	tle Land. M	đ	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, Green	or REMOVAL	em. May	.8 1931	Manner of injury	
-	Place			7,19	Nature of injury	
19.	UNCERTAKER	John C.Wo			24. Was disease or injury in any way related to occupation of deceased?	20
	(Address)	Cumberla	na. ma	N 15.	If so, specify Al & Palonen	2
20.	FILED May &	2., 1921.17	mucy +	Registrar.	(Signed) (Address) / 33 Va Cur	M. D.
			A	ACKISTTAT.	(Modicas)	

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Cerebral hemorrhage	BURELL	July 5,1927	Peritonitis	3 days ago	
1					
Other contributory causes	of importance:		Other contributory causes of importance:	100	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Chronic interstitial nephritian Cerebral hemorrhage	July 5, 1927		1 week ago 3 days ago
		3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the " etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise For persons who have no occupation (b) Automobile factory. The materia Laborer-Coal mine, etc. Womspecification as Day 9

spinal meningitis"); Diphtheria (avoid use of "Croup", fever (the only definite synonym is "Epidemic cerebro" ed term for the same disease. Examples: Cerebrosping to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the Dist Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia,

> Capproved by Committee on American Medical Association.) (Recommendations on statement of cause of death inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); letapus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need etc. The contributory valvular heart disease; Nomenclature of the Measles ; not be

Jasa W If this certificate is looked over thoroughly and all questions is namered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA CORPORATE LIMITS 1. PLACE OF DEATH pinous County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______yrs. _____mos. Length of residence in city or town where death occurred. ds. statement 2. FULL NAME PHYSI (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED 4. COLOR OR RACE OR DIVORCED (write the word) MARIA (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of PERMA 6. DATI: OF BIRTH (month, day, end year) certificate. properly 7. AGE Years Months If LESS than to have occurred on the dete stated above, at 6 9 m I day. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. were as follows: Date of onset 8. Trade, profession, or perticular TION THIS kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. be Jo may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation_ instructions Other Contributory Causes of importance: 08 12. BfR'THPLACE (city or town' (State er country) supplied FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town plain (State or country) What test confirmed diagnosis?_____ Was there en autopsy?____ be carefully MOTHER very important. 15. MAIOEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ DEATH 16. BIRTHPLACE (city or town (Stete or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnods OF (Address) A n 18. BURIAL CRIMATION Manner of injury -WRITE CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

S. No.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	+ discount	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstition nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage BUREAU . S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Registrar.

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(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 50 KF 10	S 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
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Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

-WRITE PLAINLY,

K.S. No. 1

05447

	Village or City Cum		deeth occurred	yrs,mos	Registration Dist. No. St., death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth? yrs. mo	
2. 1	(a) Residence: No. um]		od . Miller nd . Md, Ro (Usual place	out e 3	St., Ward. If nonresident give city or town and	State
	PERSONAL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	Male 4. color of			RIED, WtDOWED, D (write the word)	21. DATE OF DEATH 13.1931 (Month) (Oay)	, 193 (Year)
H	rerried, widowed, or divorced USBAND of Susan or) WIFE of Susan		er		22. HEREBY CERTIFY, Thet lattended May 8, 1931	deceased from
c DAT	I. OF BIRTH (month, dey, and	d vees)	Nov 20	0.1854	him . May 13 1631	: death is said
7. AGE		Months	Days	tf LESS than	to have occurred on the date steted above, at 1845 mP. M.	, ueath is said
	76	5	23	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:	Date of onset
	 Trede, profession, or perticular kind of work done, as S SAWYER, BOOKKEEPER, 	PINNER,	Farmer		Lobar Pneumonia	
₹ 9	Industry or business In whi work wes done, as SILK SAW MILL, BANK, etc	ich				
10	. Dete deceased last worked this occupation (month a yeer)	at	spe	ime (yeers) nt in this upation		
12. BIR	THPLACE (city or town) (Stets or country)	P	3.		Other Coutributory Causes of importence:	-
<u>د</u> ا		rge. I	Willer			
13 14 HE	BIRTHPLACE (city or town). (Stete or country)		Pa	a 	Neme of operationOete of	No.
E 15.	MAIOEN NAME Su	san.	Swallop		23. If death was due to external causes (VIOLENCE) fill in also the following	
15. HLOW 16.	. BIRTHPLACE (city or town). (State er country)		England	1	Accident, suicide, or homicide? Dete of injury	
17. INF		n.Mil			Where did injury occur?(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BUI	Placenters	Ly Cer	N Oate Maj	15.1931	Menner of injury	
19. UN	GERTAKER John (Addiess) Cumbe	.W. Wo	lford d. Md		24. Was disease or injury in any wey releted to occupation of deceased?	٧٥
20. FIL	May 15, 19?	31.14	awey)	V-Weis Registrar.	(Signed) (Address) (Address) (Address)	М. С

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

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0/1	1		
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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e.g., Farmer or Planter tion applies to cach and every person, irrespective of to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature (Recommendations on statement of cause of death reanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; 9 9 "Heart failure," "Haemorrhage," Chronic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Registrar.

If more blanks fresheeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. J. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II The principal cause of death and related causes Date of onset of importance were as follows:	
The principal cause of death and related causes of importance were as follows:	S Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	□ July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	2 - 100
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation,—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	00		PEACE OF DEATH	15 04
	E G		County ellegasse	(94a)
CORD	EXACTLY, Py classified.	Vi	Hage or City Trasthery (No. Mines	They had
I		=		
-		_		MED
MICE	d be y be ack	1	Nale Holor or RACE SINGLE. MARRIED, WIDOWED. OR DIVORCES OR DIVORCES (Write the word)	16 DATE OF DEAT
A PER	CE shoul	6 1	Teley 28, 1869 (Month) (Day) (Year)	that I last saw h
HIS IS	d. A so t ructi	7 /	GE [If LESS than I day hrs. or min.]	
K1F	supplied in terms	1	a) Trade, profession or Medical Dr.	Chron
	carefully FH in pla portant.	b	b) General nature of industry usiness, or establishment in which employed or (employer)	
FADI	d be ca DEATH ry impo	9 E	STRIPLACE (State or country) 10 NAME OF	Contributory Secondary
5	hould OF I		FATHER Clerardea Price	(Signed)
WIII	CAUSE CAUSE	RENTS	OF FATHER (State of country) 12 MAIDEN NAME	*State the Violent Causes, Accidental, Suicid
7	- 6	PA	OF MOTHER Unay Hanson	18 LENGTH OF I
D	inform state ccuP/		13 BIRTHPLACE OF MOTHER (State of Country)	At place of deathyrs/_
_	o to	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease of
	sho		(Informant) Tan Thitaluis	Former or usual residence.
^^	Every it CIANS stateme		(Address) The Africa	Alle da
_	B	15	Filed 5/25 By Ar NO Mc Ame Registrar	20 UNDERTAKER
	2		If more branks are needed, address State Registrar	16/W Saratoga St

U5453 STATE OF MARYLAND

CERTIFICATE OF DEATH

Kegi	stration L	/ISL. 140		
-	Ward)	(If death a hospital tion, give i stead of	or inst	itu-
		number.)	sciecc	anu

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH May 24, 1931
(Month) (Day) (Year).
HEREBY CERTIFY, That I attended the deceased fro
that I last saw him alive on May 23, 193
and that death occurred on the date stated above, atr
Chronic myo cardily
Contributory Angeria Persona
(Signed) (Duration) y/s mos 8 d
State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether

ients or Recent Residents)	nospitais, metidetolis, mail
At place of deathyrsmosOds,	In the State de de
Where was disease contracted, if not at place of death?	affried me

DATE OF BURIAL IAL OR REMOVAL

., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken sary to know (a) the kind of work and also (b) the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a whatever, write None. mer, (b) Cotton mill; (a) Salesman, (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on -Precise statement of oc-Locomotive engineer, not gainfully em-Cook,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) letanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of or intercurrent) affection need not be Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease

If this certificate is looked over thoroughly and all qu stions shawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

EURFA

No. 1

On

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1PLACE OF DEATH	U5454 STATE OF MARYLAND
County Allegany	© CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Wille Orleans (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
TOLI IMIL	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 Serof 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write Me word)	16 DATE OF DEATH May 24, 193 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 24, 1931	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs. or mos. or min.	and that death occurred on the date stated above, at
BOCCUPATION	Stell tom.
(a) Trade, profession or particular kind of work	Premature Firth
(b) General nature of industry	- Comment of the Comm
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Dwalion) ds.
FATHER Trauklin N. Price	(Signed) M. D. Walson M. D. Way 24 192 (Address) Have of M. R.3
OF FATHER (State or country) Manyland	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sillis M. Marris	13 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	ients or Recent Residents) At place in the or deathyismosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Franklin W. Tuce	Formel or usual residence
(Address) Little Ooleans med	19 PLACE OF BURIAL OR REMOVAL MAY 25, 1981
Filed Mal & 4, 18/1 J.	Franklin No Brice Little Orlean Mo
If more banks are needed, addre.s Ltate Negistra	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

05454

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specimeauou and laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to e:ch and every person, irrespective c fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material As examples: (a) (b) Grocery; 1931

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(clanus) may be stated under the head of "contributory." approved Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on Nomenclature Chronic valvular heart disease; etc. The contributory Measles;

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V

7 5 -	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05455
state UPA-	1. PLACE OF DEATH	- MAITS (58)
	County Allegany	N CORPORATE LIMITS (33) Registration Dist No.
item of should of OCC	Village or City Cumberland WITH	No. 104 Traud UE St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
~ W	Length of residence in city or town where deeth occurredyrs,mos.	ds. How long In U.S. if of foreign birth?mosds
COKD. Every PHYSICIANS ict statement	2. FULL NAME Mora St. Maudell	
H =	(a) Residence: No. 10 4 Grand ale	st,6-2Ward.
	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SHIGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
. ≽-i	Anne white Harry	May 15 ,193/
PERMANENT EXACTL ly classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. D. Pandall	22. I HEREBY CERTIFY, That I ettended deceesed from
EX EX y cla	6. DATE OF BIRTH (month, dey, end year) June 1, 1859	Wast sew hely alive on may 15, 193/; deeth is sai
IS A PE stated E properly certificate	7. AGE Yeers Month Days If LESS then 1 dey, hrs. ormin.	to heve occurred on the dete stated ebove, et. 9m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows: Date of onse:
HIS II be st be pi of ce	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma of Breach 1928
ould may	9. Industry or business in which	
INK E sh or	SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month and year) year) occupation	
NFADING I. pplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
UNFAI supplied. n terms, ee instru	(Stete or country) (Stete or country) (Stete or country) (Stete or country)	
sup in te	13. NAME Zincel & Jaylon 14. BIRTHPLACE (city or town)	Neme of operation
WITH fully n plai		Whet test confirmed diagnosis?
Ø 6	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
in por	Stete or country)	Where did injury occur?
LAINLY, ald be car DEATH	17. INFORMANT mo 2mme Rudiger (Address) Complexity	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should E OF Di	18. BURIAL, CREMADION, OR REMOVAL	Manner of injury
-WRITE mation s CAUSE TION is	Plece Place	Neture of injury
-W mat CA TIC	19. UNDERTAKER AMOSULUS Jue	24. Wes disease or injury in eny wey releted to occupetion of decessed?
B.	20, FILE May 16, 1931 Hawey H. Weis	(Signed) THEGUSON M
	Registrar.	(Address) 2/3 V4 AUG - Cumberland - MM.
	I more otaliks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	_1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME instead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED. (Write the word) (Month) (Day) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work -(b) General nature of industry d business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country DQ 10 NAME OF (Signed) FATHER 0 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (State or country) 0 TIO 12 MAIDEN NAME O IBLENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-00 ients or Recent Residents) State 13 BIRTHPLACE At place In the OF MOTHER of death yrs......ds. (State or Country) 00 Where was disease contracted, houl if not at place of death? BEST OF Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDR 20 UNDERTAK Registrar If more bianks are needed, address State Registrar, 16/W. Saratoga St., Balbo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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1931

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: a for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

clednus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., receiptent; Revolver wound of head-homicide; Poisoned by carbolic acid - probably suicide. Then ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, approved by Committee on (Recommendations on statement of cause of State diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. Examples: A ceidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondar; or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; cause for which surgical operation was under-"Atrophy." "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi name origin; "Cancer" is less definite; avoid for malignant neoplasms); Chronic Example: Measles (disease etc. The valvular heart disease, Nomencluture of the contributory Measles; not be

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E PLONL	
WRITE	N 0 N

V. S. No. 1

	PLACE OF DEATH	Outside of	05457	OF MARYLAND
	County alleghany	City Limits		CATE OF DEATH
	near's	1.2	Regis	tration Dist. No.
certificate.	Village or City Inhula 2FULL NAME Sti	2lborn A	Lay.	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
cert	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
back of	3 SEX 4 COLOR OR RACE	SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH	, 198/_
on ba	6 DATE OF BIRTH	(Write the word)		th) (Year) (Year) (Year) (And I attended the deceased from
ctions o	May (Month)	(Day), 1/3/ (Year)		, 192,,
nstruct	7 AGE yrsm	If LESS than l. day hrs.	The second of the date	
tant. See	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		(Durstic	n)da.
odu	9 BIRTHPLACE (State or country)		Contributory Secondary (Dursti	on) yes mos de
s very	10 NAME OF FATHER James &	Ray	(Signed) POBOL	M. D.
2	OF FATHER (State or country) 12 MAIDEN NAME	/		Death, or, in deaths from
4	OF MOTHER MANY S	ran Bernett	18 LENGTH OF RESIDENCE (For ients or Recent Residents)	
3	OF MOTHER (State or Country)		At place of deathyrsmosds. Where was disease contracted,	In the Stateyrsmosds.
10 1110		OF MY KNOWLEDGE	if not at place of dea.h?	
and and	(Informant) James (Address) Artem	an, /Pa.	19 PLACE OF BURIAL OR REMOVA	DATE OF BURIAL A. May 1, 1931
ō	15 Filed May / 1931. Ha	wey H. Weis	20 UNDERTAKER ONTENDE	ADDRESS
	If more banks are n	seded, addre.s State Registrar	r, 16 W. Saratoga St., Balto., Request	ing V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Lightoner, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-Typhoid fever (never report "Typhoid Pneumonia") ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; Example: Measles (disease " "Coma," "Convulsions, affection need not be etc. The contributory Measles;

Dermanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	t - 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor OCCUPA WITHIN CORPORATE LIMITS 1. PLACE OF DEATH pluods County Registration Dist. No. item. Village or City (If death occurred in a hospital or in titution, give is NAME instead of street and number) How long In U.S. if of foreign Birth? Length of residence in city or town where death occurred ds. statement mos. PHYSICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR BACE 5. SINGER, MARRIED, WIDOWED, DIVORCED (write the word) NEZ (Month (Year) classified 5a. If merried, widowed, or divorced BINDIN HUGBAND O 22. CERTIFY. Thet I attended deceased from (or) WIFE of 1. 193 (: death is said 6. DATE OF BIRTH (month, day, end yeer) certificate properly 7. AGE Yaars Month If LESS than to heve occurred on the date stated above at FOR 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance min. Date of onset 8. Trade, profession, or particular MARGIN RESERVED kind of work done, es SPINNER. Jo SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which should work wes done, as SILK MILL, SAW MILL, BANK, etc..... 11. Totel time (years)
spent in this
occupation 10. Dete deceesed lest worked et this occupation (month and that instructions Other Contributary Causes of Importenca 12. BIRTHPLACE (city or town) (Stets or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Neme of operation. plain (State or country) efully What test confirmed diagnosis? Was there en autopsy? _____ Was there en autopsy? ____ HER 15. MAIDEN NAME important 23. If death was due to externel causes (VIOL ENCE) fill in elso the following: E car MOT Accidant, suicide, or homicide?______ Dete of Injury________19___ 16. BIRTHPLACE (city or town) DEATH (Stata or country Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. pluods 17. INFORMANT very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation Nature of injury. NOIL 24. Wes disease or Injury In eny way related to occupation of deceased?_ 19. UNDERTAKER S. No. (Address) If so, specify (Signed)_ Registrar. (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

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			:
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			**

05461

1. PLACE OF DEATH County Allegany Village or City Flintstone. Md		(4.E)	n		
		Registration Dist. No.	25		
		No	St., War		
Length of residence in city or town	where death occurred		If death occurred in a hospital or institution, give its NAME instead of sds. How long In U.S. If of foreign birth?yrs.		
2. FULL NAME Ida.L			3		
(a) Residence: No. Flin		ce of abode)	St., Ward. If nonresident give eity	or town and State	
PERSONAL AND STA	TISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF D	EATH	
3. SEX Female 4. COLOR OR RA		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH May 5.1931 (Month) (Day	, 193 (Yaar)	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	• •		22. HEREBY CERTIFY, That I attended deceased		
6. DATE OF BIRTH (month, day, and year	Nov 20.	1850	1 last sw her alive on may 2	1 3 / 193 / 193 / ; death is sa	
	nths Days	If LESS than 1 day, hrs.	to have occurred on the data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Impo		
8. Trada, profassion, or particular kind of work done, as SPINN	ER, At Ho	me	wara as follows:	Date of onse	
SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILI SAW MILL, BANK, atc			Influenza	ofer 14	
work was dona, as SILK MILL SAW MILL, BANK, atc	·,		Exophihalmia Goitre		
ID. Date deceased last worked at this occupation (month and		time (years)	experimental volte	Neveral	
yaar)	oc	oupation	Dther Coutributory Causes of importanca:		
12. BIRTHPLACE (city or town)	Md				
(State or country)	inette		anema	1 year	
E					
14. BIRTHPLACE (city or town) (State or country)	Md		Name of operation		
	v Middleto	n	What tast confirmed diagnosis? Wa		
15. MAIDEN NAME NAME 16. BIRTHPLACE (city or town)		Md	23. If death was due to axternal causes (VIDL ENCE) fill in also the Accident, suicida, or homicide?		
(State er country)			Where did injury occur?		
17. INFORMANT D.W. Robine (Address) Flints			(Specify city or town, cou Specify whether injury occurred in INDUSTRY, In HDME, or In	nty and State) PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL May 7.1931 Place Date 19			Manner of Injury		
19. UNDERTAKER J.C.W			24. Was disease or injury in any way related to occupation of de		
(Address) Cumbe	1975ku	nett	(Signed) 2. A. Walson	M.	
. /	(Registrar.	(Address) Hancock	md Re3	

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0.13			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	AIN CONDONATE	STATE OF MARYLAND
County allegan	That's Well a	CERTIFICATE OF DEATH
	1	Registration Dist. No.
Village or City Tust	true (No. M	Wells Hashilan Ward) (If death occurred
	1.100: 0	tion, give its NAME
2FULL NAME Y	Villean J.M.	odda steed of street number.)
PERSONAL AND STAT	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White	ACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 28, 1931 (Month) (Day) (Year)
C 6 DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended the deceased fr
a	25 1874	Chiliple Source sugues A., 192
CM (M	(Day) (Year)	the tast on the Court of decenses
7 AGE	If LESS than	
56 vrs. 9	mos. 3 ds. I day hrs	
B OCCUPATION		muneres suppered when truet
(a) Trade, profession or particular kind of work	alesman	by automobile at Morgutrus
(b) General nature of industry business, or establishment in	b Of	allegany Comey mangean
which employed or (employer)!	luasery Stack	(Duration) vis mos
9 BIRTHPLACE (State or country)	20 1	Contributory Secondary
	1 A	(Durstion) yrsmos
10 NAME OF FATHER	Ridda	(Signed) Sold Mary Coarse
11 BIRTHPLACE	2 revolute	
OF FATHER Z (State or country)	ngland	"State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MALA	and dathen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
13 BIRTHPLACE OF MOTHER	2 0 1	At place In the
OF MOTHER (State or Country)	ON Gland	of deathyrsmosds. Stateyrsmos
	BEST OF MY KNOWLEDGE	Where was disease contracted ur. 1 Northern
Comment Con-	Rodda	Former or usual residence 3-8 Alell At 19
(Milomant)	Af a	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) HATT	selwyg)	alleggny Cemet 0/30, 193
15 Filed 30 194 /	JMOM Lane Dr	20 UNDEDTAKER ADDRESS
/	Rogistrar	Ky Susst Houselling
If more banks	are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servani, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. whatever, write None. business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer,

Strtement of Cause of Death—Name, first, the prise EAS:: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

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and must be obtained before the certificate is

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train If this certificate is looked over thoroughly and all qu stions "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) is indefinite); Tuberculosis of lungs, men-Example: Measles (disease valvular heart disease; affection need etc. The contributory not be

STATE OF MARYLAND—CERTIFICATE OF DEATH WITHIN CORPORATE LIMITS 1. PLACE OF DEATH OCCI JO should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where doeth occurred How long in U.S. if of foreign birth?__. statement _ds 2. FULL NAME PHYSI (a) Residence: No. (Vsual place of abode) If nonresident gife city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH R DIVORCED (1 (Month) (Day) (Year) classified 5a. H-married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, __hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____mia were as follows Date of onset 8. Trede, profession, or particular kind of work done, as SPINNER. be of SAWYER, BOOKKEEPER, etc. should may back 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased lest worked et 11. Total time (years) this occupation (month and spent in this that occupation ... instructions 12. BIRTHPLACE (city or town) (State or country) terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation plain (State or country) What test confirmed diagnosis? . Was there an autopsy?_____ carefully MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: ı. DEATH Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) should Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE very OF (Address) 18. BURIAL, CREMATIO N. OR REMOVAL Manner of Injury CAUSE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

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RESERVED

MARGIN

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Example LEIVE		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	Tomore a		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

2.	Length of residence in city or town where		(If death occurred in a hospital or institution, give its NAME instead of street and number)
1 8	FULL NAME Oliv	death occurredyrs ver .R .Senn	mosds. How long in U.S. if of foreign birtb?yrsmos
	(a) Residence: No. 122.Ur	(Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
3. SE	PERSONAL AND STATIST A. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWE OR DIVORCED write the wor	193
	f married, widowed, or divorced HUSBAND of (or) WIFE of Nannie.M.3	enn	22. FUL 2 1 1931, to Man 18 193
6. DA	ar 2 or patern (month, day, and year)	pril 11.1875 Days If LESS th	I last saw h a alive on May 16 , 19 31; death is s
OCOLENHON	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation	Date of one Duluculuses Feb. 3
12. B	BIRTHPLACE (city or town)(State or country)	N.J.	Other Contributory Causes of importance:
. =	13. NAME John . Senn 14. BIRTHPLACE (city or town) N (State or country)	.J.	Name of operation
MOTH	15. MAIDEN NAME Mary . Stou 16. BIRTHPLACE (city or town) (State or country) NEDRMANT Nannie . M . S	N.J.	23. If death was due to external causes (VIDL ERCE) fill In also the following: Accident, suicide, or homicide?
18. BI	(Address) Cumberla BURIAL, CREMATION, DR REMDVAL Green Mount Ce		

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
and the second s	San-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

173	4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state	UPA	1. PLACE OF DEATH	Registration Dist. No. 4 No. 100 East 101 St., 6 - 2Ward
	DCCI	County allegany	Registration Dist. No.
C remroor Should		Village or City Can Revaged WITHIN CON	No 100 East 102 St 6-2Ward
1111 H	jo		death occurred in a hospital or institution, give its NAME instead of street and number)
" # PO	ti l	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birtb?yrsmos,ds.
Every	statement	2. FULL NAME Joanna Si	sk.
D. E. SICI.	tat	(a) Residence; No. 100 Earl tint	st., 6 - 2 Ward.
X X	- 1	(Usual place of abode)	If nonresident give city or town and State
ECOI	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- N	图	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 6 193 1
2 2	7	tamale While Single	(Months (Day) (Yaar)
ING NEN CT I	ssified	5a. If marriad, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
D A A	70	(or) WIFE of	Cofe 30 1931 to may 6 1921
BINDIN ERMANI EXACI	e.	6. DATE OF BIRTH (month, day, and year) Thril 30-31	Hast saw her alive on and hay 6, 193 (; death is said
	properly certificate	7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 8:36 p.m.
FOR IS A stated	proper ertifica	(0 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fellows:
F St	pr	8. Trada, profession, or particular	Concernial Cebelic bate of onset
E PA	of of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
RESERVED IG INK—THI	may	9. Industry or business in which work was done as SLLK MILL.	
ERV VK-T		work was done, as SILK MILL, SAW MILL, BANK, etc	
ES A B	on on	10. Data deceased last worked at this occupation (month and year) as year!	
E S	erms, so that instructions o	year) couparion	Other Contributory Causes of importanca:
Z	so	12. BIRTHPLACE (city or town).	
G. G. J. G. J. G. J. G. J. G. J.	ns, stru	(State or country)	
MARGIN UNFADI		I 13. NAME Courain M. Siste	
	-= 70	13. NAME Chrain M. Sink	Name of operation
EA	pla .	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
WITH WITH	EATH in important	15. MAIDEN NAME Mertie Miller 16. BIRTHPLACE (city or town) free live ty	23. If death was due to external causas (VIOLENCE) fill in also the following:
Car car		0 16. BIRTHPLACE (city or town) frenchercht	Accident, suicida, or homicide?
Z a	DEATH y import	(State or country)	Where did Injury occur?(Specify city or town, county and State)
		17. INFORMANT - A A	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA	OF D	(Address) & Coast 6 Th St. Minder March	
-	(T)	11/2 of and Kan Throng 31	Mannar of Injury
WRITE	CAUSE FION is	Place Little M. Date May 1., 1921.	Natura of injury
-W	CAUS	19. UNDERTAKER Journ Stein Juc.	24. Was disease or injury in any way related to occupation of deceased?
B. No. 1		(Address) Cumberland Ind.	If so, specify
zi .		20. FILED May 7, 1931, Have H. Veis	(Signod) M.D.
A K		Registrar.	(Address)
()		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimorc, Requesting V. S. No. 1.

SESTIFICATE OF BEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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RESERVED

MARGIN

S. No. 1

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ExampleICEIVED		Example II		
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Chronic interstitial nephritis RURE ATI	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. ALLEGANY Village or City____CUMBERLAND, MD. MEMORTIALIN COSPILITION Institution, give its NAME instead of street and number) 79 ds. How long in U.S. if of foreign birth? _____yrs. ____mos.__ Length of residence in city or town where death occurred WITHIN CORPORATE 2. FULL NAME JACK SMITH (a) Residence: No. COUNTY HOME (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) MAY, 30, 1931 SINGLE WHTTE (Day) (Year)

ERTIFY. That I attended deceased from to have occurred on the dato stated above, at IO 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows Data of onset Other Contributory Canses of importance: Name of operation _____ What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify _. (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. DR.WILLIAMS

Registrar.

AUG. 14.1866

11. Total time (years)
spant in this

occupation

Oavs

Months

MARY CONNORS

MEMORIAL HOSPITAL

CUMBERLAND.MD.

If LESS than

or min.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis BUREAU V. 8	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

	1 1 W	05468		
Exac Exac	PLACE OF DEATH WITHIN CORPORATE LIMITS OF	STATE OF MARYLAND		
ME	County alleganers.	CERTIFICATE OF DEATH		
, pe d.		Registration Dist. No.		
ORD KACTLY classiff	Village or City Westernfust (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in steed of street and		
<u>□</u>	2FULL NAME Jamastelle of	number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
NG NT be stat be prop	3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED	16 DATE OF DEATH		
D W Sed	tende White (Write the word)	(Month) (Day) (Year)		
BII PE sh	Month (Day) (Year)	that I last saw here alive on May 10, 193, 7		
AC AC AC OTHER	7 AGE	and that death occurred on the date stated above, at 1/0 75 m		
IS IS	6 4 yrs. 6 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:		
RVE CT supp	OCCUPATION (a) Trade, profession or particular kind of work	arterio Elevoris.		
S N S	(b) General nature of industry	P		
RE G	business, or establishment in which employed or (employer)	(Duration); yrs. mos de		
UNFADING	9 BIRTHPLACE (State or country)	Contributory Survey Augustin Life		
FA FA	1 enn	(Signed) Tre Troots M		
4	TO NAME OF FATHER ST.			
H de s	O 11 BIRTHPLACE	My (1921 (Address)		
ation CAUSI	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
E o a	of MOTHER Tabetha Dicken	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
informate	13 BIRTHPLACE OF MOTHER	At place In the State yrs mos ds. State yrs mos ds.		
E PL of i	(State or Country)	Where was disease contracted, if not at place of death?		
m hou	me Above is ince to the second of	Former or		
WRITE y item NS shou	(Informant) / VCs. 4. 16. hlship	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
WR Every it CIANS	(Address)	Plifor Cemetry May 13, 1931		
B.—Ev	15 Filed 5 - 12 1921 1921 Registrar	20 UNDERTAKER BOOK BOTTON MA		
Ż	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		
	William Menting	east !		

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeaning, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective or Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, aecident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis, stated unless important. American Medical Association.) earbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Nomenclature Chronie Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

FOR

RESERVED

MARGIN

No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes of importance were as follows:			Example II	
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MIN 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PARTITION	July 5,1927	Peritonitis	3 days ago
	See:			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVET	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
2277770000077000	1921	Run over by street car	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	July 5, 1927		3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

ENFIE

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Example I			Example II	
The principal cause of desof importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 6 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important. -WRITE PLAINE

8. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH USAGE
1. PLACE OF DEATH	93-0
County allegous	Registration Dist. No. / O
Village or City Mest, Salva	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidenca in city or lown where death occurredyrsmos.	death occurred in a hospital of minimuous give its review in maked of street and number) ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME They Just of	
(a) Residence: No. M. J. J. G. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annue P. Smelegu. 6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That I attended deceased from 1931, to 1931 Hast saw has alive on Mary 4, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at
8. Trada, profassion, or particular kind of work done, as SPINNER, Brukwake SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, Fire Brukwake SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and year) 11. Total tima (years) 24.	acid Adalous of also
12. BIRTHPLACE (city or town) (State or country) 13. NAME John Snelson 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Office of the Contribution of the Contributi
14. BIRTHPLACE (city or town) tengland (State or country)	Name of operation
15. MAIDEN NAME Harsett Stinson 16. BIRTHPLACE (city or town) kngland (State or county)	What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicida? Data of injury, 19
17. INFORMANT Glorge Soulasur (Address) mx Parage nud	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place. M. Savor L. M. Date Proy 9, 193/	Manner of injury
19. UNDERTAKER Sural (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED MAY 2 , 19 Registrar.	(Signed) M. D. (Address) Het Sovope Med,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11. -- The number of years the deceased followed the occupation.

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should be called a salesman and not a clerk, масhinist, etc. Distinguish carefully between retail merchants and wholesale merchants. А person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engincer, mining engineer, stationary engineer, etc. Avoid the term "labover" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

ot the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

Gallstones	8261,1 lipM	Gustroenteritis		I year
Contributory causes of importance:		Other contributory causes of importance:		
Cerebral hemorrhage	1261'9 hin f	Peritonira 9	FED	RECOMSTON
Chronic interstilial nephritis	1361	Run over dit street ear		ा कल्ला प्रथे
Arteriosclerosis	9161	Allack of epilepsy	L	JUN OBD, NOON I
The principal cause of death and related causes of importance were as follows:	See of onset	The principal cause of death and related of importance were as follows:		
Example 1		Example II		DO 2022

	A. A.		STATE OF MARYLAND—	CERTIFICATE OF DEATH	473
	state UPA-	1	. PLACE OF DEATH	46	
34	23		County allegan	Registration Dist. No.	
	= =		Village or City Eller lie	NoSt.,	Ward
			(If	death occurred in a hospital or institution, give its NAME instead of street and nu	
	Every CIANS ement		Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmos	s as
ŗ	CCI W	2	FULL NAME Offary with	tions	
	CORD. Every PHYSICIANS out statement	-	(a) Residence: No. C-Lysual place of abode)	Ward. If nonresident give city or town and S	State
5	RECO. PH Exact		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Y K	3.	2 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Dey)	193 / (Year)
0	RMANEN X A C T L classified.	5a.	If merried, widowed, or divorced HUSBAND of (or) WIFE of Albert &	22. Substitute of the state of	leceesed from
N.	poort a	6	DATE OF BIRTH (month, day, and year) Feb 13-1871	Hast saw has alive on Man 20 1981	: death is said
	A		AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ / 030 cm.	
FOR	IS A I stated properl		60 3 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
,	sta sta pro	-		2	Date of onset
G	be of	5	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Comen of line	6 us
RV	VK—T should it may n back	3	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Carsinoma)	ago
-	INK I sh t it on	9	10. Date deceased last worked at this occupation (month and spent in this occupation occupation occupation		
			Q.	Other Contributory Causes of importance:	
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RG	UNFA supplied n terms, ee instru	2	13. NAME Will D. Clone	2 mil o comment	1000
[A]	D # 4 "	FATHER	14. BIRTHPLACE (city or town)	Name of operation Date of	T. Carlot
2	- TO	FA	(State or country)	What test confirmed diagnosis? Was there an au	utopsy?_
4		HER	15. MAIDEN NAME Therive Beall's	23. If death was due to external causes (VIOLENCE) fill in also the following:	
		OTH	16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of Injury	
	NEX be constant	Σ	(State or country)	Where did injury occur?	
	E PLAINLY, should be car OF DEATH s very import	17.	INFORMANT albert E. Homas (Address) Eller lis Ind	(Specify city or lown, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
		18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
			Place Torrers em, Ja. Date May 26, 1931	Nature of Injury	
9.1	WRITE mation sl CAUSE (TION is	19.	UNDERTAKER Tous Stein The Caddress)	24. Was disease or injury in any way related to occupation of deceased?	w
Z S T	B N	20.	FILED May 25, 1931. J. Llayd Walt Resistrat.	(Signed) To allow Illumina (Address) Complete to the	M.
1		0		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	
		W	mor primy resuld by H. W. Well	10 5/25	

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The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset .
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Chronic interstitial nephritis	Wild E 1033	1921	Run over by street car	1 week ago
Cerebral hemorrhage	7.11.11	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		
Other contributory causes	of importance:		Other contributory eauses of importance:	- E
Gallstones		May 1,1923	Gastroenteritis	1 year

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	-WRITE PLAINLY, WITH UNFADING INKTHIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE	OF	MARYLAND—CERTIFICATE OF DEATH	05474
DEATH			

1	. PLACE OF DEATH County Allegany			REGISTRATE LIMITS (93-c) Registration Dist. No. 1 No. Bedford St. Ext. St., ideath occurred in a hospital or institution, give its NAME instead of street and	
	Village or City Cumberl	and. Md	WITHIN	No. Bedford St. Ext. St.	4 Ward
	land of order in the characters of	d	(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
			yrsmos	ds. How long in U.S. if of foreign birth?yrst	nos
	2. FULL NAME Annie.W (a) Residence: No. Bedf	ord.St.	Ext.	St., Ward.	
-		(Usual place		If nonresident give city or town an	d State
	PERSONAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	
3.	Female 4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH May 18th.1931 (Month) (Day)	, 193 (Year)
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of Nathan.Wag	ner		22. I HEREBY CERTIFY. That I attended March - / - 1930 to May - /	April 1
6.	DATE OF BIRTH (month, day, and year)	June. 2	7.1854	I last saw h. eV alive on may - 17 ,1931	
-	AGE Years Months 10	Days 21	If LESS than I day, hrs. or min.	to have occurred on the data stated above, at 3.5 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
×.	8. Trada, profession, or particular kind of work dona, as SPINNER,	At Ho	me	acute Cardias Libuilation	5-16-3
AMO	SAWYER, BOOKKEEPER, etc		***********	Choone nyocarditis	1-1-29
CUPA	work was done, as SILK MILL, SAW MILL, BANK, etc			Chronic Hypartensini	1-1-76
000	10. Date deceased last worked at this occupation (month and year)	sp:	time (years) ent in this cupation	1//	
12.	BfRTHPLACE (city or town)(State or country)	va		Other Coutributory Causes of Importance:	
ER	13. NAME ISAAC LOT	ng			
FATHER	14. BIRTHPLACE (city or town)(State or country)	Wva		Name of operation Oate of What test confirmed diagnosis? Was there an	71
ER	15. MAIDEN NAME Charlot	te Blue		23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town)(State or country)	ΜV	a	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	INFORMANT Lawson . W. (Address) Cumbe	agner	Md	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) 'LACE.
18	BURIAL, GREMATION OF REMOVAL MAU			Manner of injury	
19	.UNDERTAKER John.C.Wo (Address) Cumber1			24. Was disease or injury in any way related to occupation of deceased?	no
20	FILEO May 19, 1931 HT	iney H.	WEISE	(Signed) All Clason	new m. D.

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V. S. No. 1

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F	Example I		Example II	
The principal cause of de of importance were as follows:	ath and related causes lows = CEIVE	5	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	THE G 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	0 1002	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S	3		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.--

of information should be carefully supplied. ACE should be stated EXA(ould state CAUSE OF DEATH in plain terms so that it may be properly classic of OCCUPATION is very important. See instructions on back of certificate
--

1	1PLACE OF DEATH	05475 CTATE OF MARYLAND
	County Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH
	6.71	Registration Dist. No.
Vil	lage or City / CRhat (No. W.) 2FULL NAME	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 0	A COLOR OF RACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
	MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 1	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day), 193 (Year)	that I last saw h alive on , 192
7 /	If LESS that	
0	matia fronth mos. ds. or min	The CAUSE OF DEATH * was as follows:
8	occupation a) Trade, profession or	undeveloped face I head about
P	articular kind of work	(Tmonths)
b	b) General nature of industry usiness, or establishment in	(Duration)yrsmosda
7	which employed or (employer)	Contributory Secondary
9 .	(State or country)	Decondary Devation yrs mos
	10 NAME OF ROLL Warn	(Signed) 10 MC april Sylving M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
PARE	12 MAIDEN NAME OF MOTHER CAME Ales	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
II.	13 BIRTHPLACE OF MOTHER (State or Country).	At place In the of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Ray 1/ Warns	Former or usual residence
	(Address) Eckhart Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 10 PLACE OF BURIAL 11 PLACE OF BURIAL 12 PLACE OF BURIAL 12 PLACE OF BURIAL 13 PLACE OF BURIAL 14 PLACE OF BURIAL 15 PLACE OF BURIAL 16 PLACE OF BURIAL 17 PLACE OF BURIAL 17 PLACE OF BURIAL 18 PLACE OF BURIAL
15	Filed 5/2 181 DNOM Lane IN	20 UNDERTAKER NOW ADDRESS
=	lf more blanks are needed, address State Registi	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farme state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DE Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Loborer-Coal time, etc. woun-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, should be used only when needed. As examples: (a) sary to know Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. r," etc., report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm loborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Architect, Locomoliec (b) engineer, Grocery,

spinal meningitis"); Diphtheria 'avoid use of "Croup Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is 'Epidemi' cerebroed term for the same dise. se. Examples: ('erebrospital' to time and causation), using always the same accent-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dispneumoniu, Bronchopneumonia ("Pneumonia,

> Recommendations on statement of cause of death approved by Committee on stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Huemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencorbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(secondar, or intercurrent) affection need Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvulor heart disease; etc. The Nomenclature Always qualify all contributory not be

permanently filed If this certificate is looked over thoroughly and all questions mansweted in detail, it will prevent further correspondence. All the data is exential and must be obtained before the certificate is

V. S. No. 1

1. PLACE OF DEATH		RATE LIMITS (Registration Dist. No. 4 No. Memorial Hospital (Mard
County Allegany	CORPC	Registration Dist. No.
Village or City Cumber la	nd William	No. Memorial Hospital 5, 6 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Anni	e Webreck	
(a) Residence: No. Valley Ro		St. Ward.
(a) noncontrol not a stable of the stable	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
Female White 5.5	INGLE, MARRIED, WIDOWEO, R DIVORCED (write the word) WIDOWED	21. DATE OF DEATH May 11 (Month) (Day) (Year)
Sa. If married, widowed, or divorcad HUSBAND of (or) WIFE of Fannon	Webreck	22. I HEREBY CERTIFY, That I attended deceased from
6. OATE OF BIRTH (month, day, and year)	ober 12-1861	I last saw h 2 alive on May 16, 193/; death is said
7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the data stated above, at 1:50. ImM. The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Housework	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		2 domach &
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	alterna Montifely
12. BIRTHPLACE (city or town) Penns (State or country)	ylvania	Dther Contributory Causes of importance:
🖺 13. NAME Dennis Ley	dig	-
14. BIRTHPLACE (city or town) Pennsy (State or country)		Name of operation
15. MAIDEN NAME Leha Tro	utman	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Leha Tro 16. BIRTHPLACE (city or town) Penns (Stata or country)	ylvania	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MEMORIAL H (Address) Cumberland	OSPITAL . Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Placa	nte May 14, 19.31	Manner of injury
19. UNDERTAKER Johnson	80-	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Val. 12, 19.31, Ha	wey Heis Registrar.	(Signed) (Address) Assured Ald A
If more blank		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	-
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis?	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I			Example II	
The principal cause of death of importance were as follow	and related cruses/	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	JUN 5 193	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	PLACE OF DEATH WITHIN CORPOR	RATE LIMITS STATE OF MARYLAND
	County Clegany WITHIN CORPOR	CERTIFICATE OF DEATH
		Registration Dist. No.
	000000000000000000000000000000000000000	He i A
	Village or City Curling Myg. Village	Ward) (If death occurred in a hospital or institu-
V	Book III	tion, give its NAME is stead of street and number.)
	2FULL NAME ALLE BELLE W	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED,	16 DATE OF DEATH
	WIDOWED.	1991 , 1991
	(Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	Wash, 1891	18 1. to Way [1, 13],
	(Month) (Day) (Year)	that I last saw h Malive on Man, 195
	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
	39 yrs. 2 mos. ds. or min.?	Certify Contact of the 1
	B OCCUPATION . //	The state of the s
1	(a) Trade, profession or Harsemale	
	(b) General nature of industry	
1	business, or establishment in which employed or (employer)	(Durstion) yrs, mos de.
	9 BIRTHPLACE	Contributor Cull Music Challes
	(State or country)	(Durstich) yrs. mos. ds.
1	10 NAME OF	(Signed) HBWaller M.D.
	Cerpus M. Thuell	Mrs 8 1981 (Address) 28 Les Light Coffee les
	OF FATHER	
	(State or country) one of Collyn	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER	18 LENGTH OF RESIDENCE (For /Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	(State or Country) oneself led Human	At place of death yrs mos. ds. State yrs mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted on a self Collins
	1. 1. 0. 1	Former or
	(Informant) of J. M. Why pley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) (Ackers & Va)	Barreno chiet Go Son May 20, 1931
	15 ha 10 31 Harris H16	20 UNDERTAKER ADDRESS
	Filed 192 192 Registras	Mills & Mickey Rockwood Ya
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, whatever, write None. "," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Womrner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

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# # #	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1547:
infor- state UPA-	1. PLACE OF DEATH	CORATE LINE	/
	County allegaces	THIN CORPORATE (59) Registration Dist. No.	
should of OCC			War
1 0 1	(If Length of residence in city or town where death occurredyrsmos,	death occurred in a hospital or institution, give its NAME instead of street and	
CORD, Every PHYSICIANS act statement	80 1AM	esues	
SIC ate	(a) Residence: No. 1/10 9 Religenting	aus. 6 Ward.	
	(Josual place of abode)	If nonresident give city or town and	1 State
RECO. PH Exact	PERSONAL AND STATISTICAL PARTÍCULARS 3. SEX 4 COLOR OF RACE S. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH THE Cay	193
C T L Y	5a. If married, widowed, or divorced	(Month) (Day)	(Year)
AN L C ssifi	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended	deceased fro
SX	11	May 14 ,19 51, 10 May	7, 19.5
PEI E :Iy ate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Day If LESS than	I last saw has alive on	; death is sa
IS A PE stated E properly certificate	1 day,hrs.	to have occurred on the date stated abova, at	
sta sta pro cert	8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows:	Date of onse
HIS be be	SAWYER, BOOKKEEPER, etc.	7	ma
VK—T should it may n back	9. Industry or business in which work was done, as SILK MILL,	Remedius	14
Sh it sh	SAW MILL, BANK, etc	out	193
	this occupation (month and spent in this occupation coupation		-
NFADING pplied. AGl erms, so tha instructions	12. BIRTHPLACE (city or town) Cumbriland	Othar Contributory Causes of importance:	
ed.	(State or coupty)		
	13. NAME Toler Whise		
y sul ain t	14. BIRTHPLACE (city or town)	Name of operation Date of	
H TO	(State of Country)	What test confirmed diagnosis?	
		23. If death was dua to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
LY Ca Por	[16. BIRTHPLACE (city or town)	Where did injury occur?	
AINLY, ld be ca DEATH y import	17. INFORMANT John Whiseen	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	le) .ACE.
E PLA should OF D	(Address) / Cumbriland Ma		
Sh sh is	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
-WRIT mation CAUSE	P . 9+ 9	Nature of injury	
ma CA TIC	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?	
ä	Marie 31 Hours 3415.	(Signed) WB Blown	5 M
ż	20. FILED 1 19.0 1, 19.0 1, WWY Registrar.	(Address) (33 Va Car	
	If more blanks are receded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
,			

1.	CountyVillage or City	Allegan Cumberl		(lf	CORPORATE LIMITS (Fig. Registration Dist. No. Registration Dist. No. No. Memorial . Hospital. St., 6 death occurred in a hospital or institution, give its NAME instead of street and not received.	
2.	FULL NAME_ (a) Residence: No	Charles.	R.Wigal			
3. S.	EX 4. CO	OLOR OR RACE White	5. SINGLE, MARRIOR DIVORCED	EO, W100WEO, (write the word)	21. DATE OF DEATH May 15.1931 (Month) (Day)	193. (Year)
6. 0	If married, widowed, or HUSBAND of (or) WIFE of	, day, and year)	ept.13.		22. I HEREBY CERTIFY, That I attended d Muy 9 , 1931, to Muy 15 I last saw h and alive on May 1 x , 1931	eceased from
7. A	GE Yaars 22 8. Trada, profession, c kind of work de SAWYER, BDDK	Months or particular one, as SPINNER, KEEPER, etc.	Days 2 elder Fo	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset May 13
OCCUPAT	9. Industry or busines work was done, SAW MILL, BAN 10. Data decaased last this occupation yaar)	as SILK MILL, IK, etcworked at (month and	Ohio R.F	R.Co	Dther Contributory Causes of importance:	1931
	(State or country)	wn)Md Charles.A			Sufferma	7-3
FATHER	13. NAME 14. BIRTHPLACE (city ((State or countr	or town)		/a	Name of operation Data of What test confirmed diagnosis? Was there an at	toney?
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city of (State or count))	or town)		Vva	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	, 19
	(Address) BURIAL, CREMATIDN, C Place Hill	Cumber		17.19.31	Manner of Injury	
	UNUERIAKER	John.C.Woumberland		Versi	24. Was disease or injury In any way related to optupation of deceased? If so, specify (Signad) (Address) Recent to fine the first transfer than the first transfer transfer than the first transfer transfer transfer than the first transfer tra) m. c

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Frample IE IVE		Example II	
of importance were as follows; Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis BORKS	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
# Black-physic on			
Other contributory eauses of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 15451
1. PLACE OF DEATH	WITHIN CORPORATE LIMITS Registration Dist. No.
County County	WITHIN COLL. Registration Dist. No.
Village or City Control of the	No. Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sullborn W.	llians.
(a) Residence: ND. Parents = 710 md. and (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF OBATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. May 5, 1931, to May 3, 193
6. DATE OF BIRTH (month, day, and year) May 3, 1931	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
Stillborn. 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	A Late of one of
	tylre ellern frignancy
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Juhal supliest)/
1D. Date deceased last worked at this occupation (month and spant in this occupation — occupation — occupation —	(9 mo)/
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
E 444 0 11 0	Lahouston 3/3/2
14. BIRTHPLACE (city or town)	Name of operation 1 Date of 1 Date o
	What test confirmed diagnosis?
15. MAIDEN NAME (Coronal Coronal Coron	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Of the Elizable William (Address) Comberland, M.D.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18_DURIAL, CREMATION, OR REPOVAL	Manner of injury
Place 710 104 and Date May 4, 1931	Nature of injury
19. UNDERTAKER Robert E. Williams, Pare (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 4, 1931, Harvey H. Weiss Registrat.	(Signed) Willeau & Dewis M. D. (Address) Swell Lang M. D.
If more blanks are needed address State Registras	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deeeased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example T		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BUILLAU V. S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

sary to know fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (o) Solesmon. should be used only when needed. As examples: (o) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never rcturn "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form loborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile foctory. The materia (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

n tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need not be etc. The contributory valvular heart disease; " etc.), "Dropsy,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.